Introductory Lecture

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MR. PRINCIPAL AND GENTLEMEN,—In selecting a subject upon which to address you to-day, I have been influenced by the consideration that my audience, as is usual upon these occasions, would be a mixed assembly, composed of learned professors and practitioners of medicine, of students of medicine in various stages of culture, of pupils who are just entering upon the study of medicine, and, lastly, of gentlemen of various pursuits and professions who take an interest in our proceedings, and who do us the honour to be present at the opening of our medical session. Obviously it is the duty of a lecturer to endeavour so to frame his discourse that it shall be neither unsuited nor uninteresting to any considerable portion of his audience. Now, believing as I do, that the science of medicine has reached that stage of progress and development at which it is possible, and indeed not difficult, to render its leading principles intelligible and interesting to those who have no special knowledge of our art—believing, too, that the public have an interest in obtaining such a knowledge of the principles by which we are guided as will enable them to discriminate between the legitimate claims of medical science and the impudent demands of pretentious quackery,—I have determined upon the present occasion to attempt such an exposition of the aims and the methods of our science and art as shall interest those who have little or no medical learning, while I endeavour to avoid being tedious to those who have much. If in this latter part of my design I fail, as I fear that I shall in some degree, I crave the indulgence of all whom it may concern.

Before passing on, let me refer for a moment to some changes which have recently occurred in the staff of the college and the hospital. First, then, we have to regret Dr. Beale's resignation of the chair of Physiology. Dr. Beale has obtained a more than European reputation by his researches in minute anatomy; his teaching was highly valued by his pupils, and it was difficult to fill the vacancy occasioned by his resignation. This difficulty, however, has been very happily surmounted by the appointment of Dr. Rutherford. Dr. Rutherford has already obtained great distinction as an original observer, a skilful experimenter, and a successful teacher in the University of Edinburgh, and we now offer him a most cordial welcome within the walls of King's College. Happily, while securing the services of Dr. Rutherford, we do not lose those of Dr. Beale, who has accepted the chair of Pathological Anatomy, which was offered to him by the Council, and who retains his position at the hospital. When, a few months since, Dr. Tonge resigned the office of assistant-physician to enter upon a new field of duty, the authorities determined not merely to fill the vacancy thus occasioned, but also to appoint an additional assistant-physician; and, in accordance with this resolution, Dr. Yeo and Dr. Kelly have been appointed assistant-physicians of the hospital. These gentlemen are both well known as very distinguished pupils of the College, and they are not unknown beyond the College walls. The honours obtained by Dr. Kelly at the University of London have excited the admiration, if not the envy, of many. From both of our new assistant-physicians much is expected, and we are confident that we shall not be disappointed in our hopes of them.

And now to return to the main purpose of my discourse. The science of Medicine has for its object to promote the physical well-being of mankind, to prevent and to remove disease, to mitigate human suffering, to prolong human life. Comparatively few amongst those who are born into this world, reaching the full period of life allotted to man, die of old age and natural decay. The great majority of mankind have their days shortened by some of the numerous diseases and accidents to which all are liable. Without attempting a precise scientific definition of disease, it is sufficient for our present purpose to say that disease is an abnormal condition of the body. Disease is not, as is often supposed, a separate entity. It has no existence apart from the body. It is of primary importance to distinguish between a disease and its cause. As the clearness of our perception of disease is impaired by thinking of it as an entity apart from the diseased body, so our views are equally, although in a different way, obscured if we confound the cause of a disease with the disease itself. We get an idea of small-pox from the observation of an individual suffering from that disease. The cause of small-pox is a subtle, morbid poison, which may mingle with the air, or be carried on the point of a lancet; whence it may gain an entrance into the system of a healthy individual, and there reproduce the disease, with a millionfold multiplication of the poison. The cause of small-pox, then, is a morbid poison; while the disease which we call small-pox is a patient under the influence of the variolous poison.

It may seem a truism to remark, that every change of texture, and every functional disturbance within the body, have a cause, whether we can discover it or not. It is not quite so obvious, though it is equally true, that, in the great majority of instances, the primary cause of disease is external to the body, which it enters or otherwise acts upon generally through the lungs, or the alimentary canal, or the skin. The air that we breathe, the food that we consume, and the water that we drink, may contain the germs of disease, and thus they may set up a train of symptoms involving much suffering, and ultimately death.

Here I would remark that it is one of the especial merits of modern medicine that it has devoted, and is still devoting, much labour and research to the investigation of the causes of disease. The pathologist and the practitioner of the present day are aware that their labours are not at an end when they have succeeded in giving a disease a name. It is not enough to be able to speak of an inflammation of the lung, or the kidney, or the skin. The investigation, to be practically useful, must be carried further, with a view to ascertain the cause of the malady and its mode of action upon the vital functions and tissues. Without this knowledge, treatment will often be unsuccessful, and any prediction as to the result of the disease doubtful and untrustworthy.

Some of the greatest triumphs of medical research have been those which have thrown light upon the causes of disease, and, consequently, upon the means of prevention and of cure. The discovery that that once terrible scourge, the sea-scurvy, is the result of a diet deficient in fresh vegetables was a grand step in medical science. It has been the means of saving innumerable lives, and of preventing incalculable suffering. Success of the same kind has attended the investigation of the symptoms of chronic poisoning by lead, and the various modes in which that metal gains entrance into the system: sometimes through the stomach with Devonshire cider or West Indian rum, or soft drinking water that has passed through leaden pipes or been kept in leaden cisterns; sometimes through the skin or the lungs, in the case of painters and others whose occupations expose them to the noxious influence of the metal. Another instance of the successful investigation of the cause of a disease is afforded by the tracing of ague and some allied forms of disease to the influence of malarious exhalations from undrained marshes.

Within the last few years the important discovery has gradually been made, that in a large proportion of cases of cholera and of typhoid fever water is the vehicle of the poison by which these diseases are communicated. The investigation of these formidable and fatal diseases has served to bring prominently into notice one of the great defects in our sanitary arrangements. It was for a long time the custom, especially in towns, to place cesspools and wells for the supply of drinking water in such close proximity that a mutual interchange of their contents was of frequent occurrence. Within the last few years cesspools and wells in towns have been very generally and simultaneously abolished; and now the excreta are poured into those very rivers

from which our supply of drinking water is mainly derived. Thus, with a blind perversity which to a more enlightened posterity will appear scarcely credible, we have acted as if with a determination to inflict upon ourselves all the loathsome abominations involved in the curse of Rabshakeh. The result has been a terrible amount of preventable sickness, misery, and mortality. One of the most important practical problems of the present day is to discover the most effectual means by which the sewage matters which now poison our rivers and contaminate even the seashore, may be made to fertilise the soil, and thus increase the supply of food.

The discovery that impure water—water contaminated by sewage—is the vehicle by which, mainly though not entirely, cholera and enteric fever are communicated, has helped to throw light upon the nature, or, as we call it, the pathology of those diseases; and, in particular, it has rendered it more certain that, at least in the case of cholera, the discharges from the alimentary canal, which are known to contain the specific poison of the disease, are the result of a salutary effort to eject the poison from the system. The physiology of the process appears to be sufficiently simple. Certain effete and noxious materials which have once been thrown off from the system, having been rendered additionally noxious by the presence of a specific poison, are reintroduced through the agency of drinking water. Then, after being absorbed and undergoing a rapid process of multiplication, they are again expelled through the natural outlets of the body.

Now let us for a moment consider the influence of theory upon practice. Before we can hope to treat a disease with success, or to form a correct judgment as to the influence of treatment, we must endeavour to learn something of the natural course of the disease, and the relation of the symptoms to each other and to their exciting cause. In other words, we must obtain an insight into what is commonly called the natural history, but what is better termed the physiology, of disease. Without this knowledge we are in continual danger of directing our curative efforts in opposition to those of nature.

I will give a very simple and obvious illustration of this principle.

In a case of small-pox, the eruption on the skin, which forms the most painful and loathsome feature of the disease, is an essential part of the process by which the system, infected by the variolous poison, is restored to a state of health. No sufferer from small-pox ever recovered from the disease without the occurrence of the characteristic eruption; and to drive in the rash is to kill the patient. Not long since I witnessed the result of such an experiment. A young lady had what, at the commencement, appeared to be a mild attack of small-pox. Soon after the eruption appeared the child's mother, without the sanction or knowledge of the medical attendant, kept her enveloped in a cold wet sheet, without an outer packing of blankets, during the greater part of one day. The result was that the rash was driven in; and when I saw the patient, about the fifth day of the disease, so completely had the eruption been repressed that, from the appearance of the skin alone, I could not have learnt the nature of the disease. She was then dying, and did rapidly die, with symptoms of blood decomposition—bleeding from most of the mucous membranes, and hæmorrhagic spots beneath the skin. This unfortunate case may serve to illustrate the danger of flying in the face of nature—the mischievous effects of a treatment in opposition to the natural process of cure.

It is painful to reflect upon the numerous illustrations which the history of medicine contains of the unhappy influence of erroneous theories upon the treatment of disease. Small-pox again affords one memorable example. The contemporaries of Sydenham, some 200 years ago, had a theory that the maturation of the pustules of that disease required a high temperature for its completion. This they endeavoured to secure by closing the doors and windows, and by an abundance of bed-clothing. The result was that, the air of the room being highly charged with the noxious emanations from the patient's body, the poison continually re-entered the system through the lungs, and the mortality was excessive. Sydenham ventured to change all this. He kept his patients cool—not, however, chilling them with a wet sheet; and he ventilated the sick room. This practice, being in opposition to a fashionable theory, was denounced as a dangerous innovation; but, being in accordance with nature and with common sense, it was successful in saving life, and it ultimately became the general practice.

And now to come much nearer to our own time. Probably no theory of disease has ever led to so great a sacrifice of human life as that which, attributing the collapse stage of cholera to the drain of fluid from the blood through the alimentary canal, suggests a treatment whose main object is to arrest the discharges by astringents, and especially by opiates. This theory has now few defenders, and, having been virtually abandoned, it scarcely needs farther refutation. The theory is obviously inconsistent with the undoubted facts of the disease. There is no such direct relation between the degree of collapse and the amount of liquid discharged as there must be if the theory had a basis of truth; and, again, there is the still more significant fact that recovery from collapse is invariably associated with a continuance of those discharges which this theory assumes to be the cause of that condition. So that while death may occur rapidly without discharges, like death from malignant small-pox before the appearance of the eruption, the intestinal discharges are as essential a condition of recovery from collapse as the development of the cutaneous rash in the case of small-pox. The analogy between the intestinal discharges of cholera and the cutaneous eruption of small-pox appears to be complete, and the arrest of the choleraic discharges by opiates is as fatal a mistake as the repression of the variolous eruption by a cold wet sheet.

It is remarkable, and indeed surprising, that this erroneous theory of cholera should so long have maintained its ground, notwithstanding the acknowledged failure of the astringent treatment, with which it is inseparably associated. It would seem reasonable and right that, when the practical application of a theory is found to be disastrous, the theory itself should be carefully re-examined with a view to ascertain the source of fallacy. The history of this theory affords a remarkable confirmation of the doctrine propounded by Buckle,* who says: "There is no well-attested case on record of any theory having been abandoned because it produced injurious results. As long as a theory is believed, men will ascribe its evil consequences to any cause except the right one. And a theory which is once established will always be believed until there is some change of knowledge which shakes its foundation. Every practical change may, by careful analysis, be shown to depend, in the first instance, on some change of speculative opinion." It can scarcely be doubted that a change of theoretical views as to the nature of cholera has contributed much to bring about the modified treatment of that disease which is now very generally adopted. The construction of medical theories is a difficult and a perilous undertaking; and it behoves all who apply theories to practice to take heed that their light be not darkness.

The main purpose of medical science and art is practical. Our continual endeavour is to obtain the knowledge and skill which will enable us to prevent, to remove, or to mitigate disease. Now it should be distinctly understood that no general theory of therapeutics has the slightest claim to be accepted as true or trustworthy. The dogma that "like cures like," or *similia similibus curantur*, is certainly not a legitimate induction from the ascertained facts of disease. Equally incomplete and unsatisfactory is the theory which in various forms has often cropped out, and which was advocated in a recent number of the *Quarterly Review*: I mean the theory that all disease is caused by, or at any rate associated with, a deficiency of vital force; and that therefore all remedial treatment should be restorative, with a view to increase vital power. Without stopping to discuss the question whether our knowledge of the nature of the so-called vital force renders it possible to estimate its amount in health and in disease, we may unhesitatingly declare that the phenomena of disease and the various modes of recovery and of cure are too complex and diverse to be included within the terms of this inadequate theory. The most general and comprehensive statement with regard to the cure of disease that can safely and confidently be made is this: most of those diseases that are curable by any means are curable by the unaided powers of nature; and the chief art of the physician, as of the surgeon, consists in regulating and directing those natural forces which will cure a fever or an inflamed lung as surely and as completely as they will

* History of Civilisation, vol. ii., p. 845, note.

heal a wound or mend a broken bone. This proposition may perhaps startle those who have been educated in the belief that medicines are all-powerful, and that for every disease—nay, for almost every symptom of disease—there is to be found a specific remedy in an infinitely small dose of the appropriate drug. There is much truth in the statement that superstition is an ally of infidelity; and it may be admitted as a fact that the extreme and childish credulity of Hahnemann and his disciples in the efficacy of infinitesimal doses has tended to increase the scepticism of those who see in the reputed cures by such doses only the work of the *vis medicatrix naturæ*, aided, perhaps, by the faith and hope which rarely fail to exert a beneficial influence upon the sick.

The most careful and competent observers agree in opinion that the specific remedies—remedies having a peculiar curative action in special forms of disease—are unhappily very few in number. Quinine may be considered a specific cure for ague; mercury and iodide of potassium are specially curative in certain forms of specific disease; and bromide of potassium has almost earned for itself the title of a specific remedy for some of the worst forms of epilepsy. Now our experience of these remedies is in direct opposition to the strange theory which attributes a marvellous efficacy to infinitesimal doses. For it is a well-ascertained fact that, within certain limits, the curative influence of the remedies I have mentioned, and of others to which I have not referred, bears a direct relation to the dose of the drug: to ensure the curative effect, the remedy must be given in full doses, the influence of small doses being quite inappreciable.

Physicians of the present day are sometimes charged with a want of faith in their power to cure disease. To this charge we plead "Not guilty." It is quite true that with an increased knowledge of the nature of disease, we have learnt that the use of drugs is more limited than we had formerly supposed; yet we have an increased confidence in our power of dealing with disease, both in the way of prevention and of cure, and a firm conviction that we have acquired, and are continually acquiring, greater skill and success in the administration of particular remedies. In the treatment of a case of fever, we believe that good nursing and judicious feeding are of more importance than the employment of so-called febrifuge medicines; yet we carefully watch the symptoms, and we do not neglect to give such remedies as may appear to be required. So in the management of many chronic diseases: we know that the secret of success consists in the discovery and removal of the cause, and not in the blind administration of drugs; yet the cause having ceased to operate, special remedies may sometimes assist the cure.

In our more precise modern methods of exploring disease we have a great advantage over our predecessors. The stethoscope, the microscope, the ophthalmoscope, the laryngoscope, the sphygmograph, and the thermometer have contributed much to accuracy of diagnosis, and thus have indirectly advanced our knowledge of the real influence of remedies. So long as the nature of a disease is unknown or doubtful, treatment must be uncertain, and the results often delusive; for we know not what we have been treating. Before the laryngoscope came into use, the nature of disease within the larynx was often extremely doubtful. Hence it must have happened frequently that a patient with a wart on one of his vocal cords has been fruitlessly and injuriously dosed with mercury and other drugs. Now, by the aid of the mirror, we not only see the nature of the disease, but we easily remove such a growth by safe and simple mechanical means. The most brilliant result of modern therapeutical researches is to be seen in the discovery and gradual improvement of the means of annihilating pain by general and local anæsthesia.

But here again it is to be observed that some of the greatest improvements in the art of healing have been accomplished, not by the discovery of new remedies, or by the acquirement of increased skill in the use of old ones, but by entirely different methods. An illustration of this statement is afforded by the discovery of vaccination, and by the introduction of the non-restraint system of treating the insane.

Unquestionably vaccination is the most splendid instance of successful preventive medicine that the human intellect has ever yet arrived at. The success of vaccination has been so nearly complete, that the present generation, knowing little of the horrors of small-pox, can scarcely appreciate the immense benefit conferred upon mankind by Jenner's discovery. That vaccination has not as yet been entirely successful in annihilating small-pox is mainly due to the fact that it has hitherto been impossible to ensure the efficient vaccination of every infant. The carelessness or the unskilfulness of some operators, and the negligence or the unreasonable prejudices of a comparatively small number of parents, who, in spite of the law, refuse to have their children vaccinated, are the chief hindrances in the way of the complete extermination of one of the most terrible and fatal of all diseases.

The release of the insane from the misery and degradation of chains and fetters, and the substitution of the non-restraint system of treatment, afford a memorable illustration of the triumph of common sense and Christian charity over ignorance and prejudice. To Dr. Conolly the world is mainly indebted for the establishment of the grand principle that in the treatment of the insane the non-restraint system is both practicable and safe. Dr. Conolly, it is true, was not the first to release the poor lunatic from the galling misery of mechanical restraint. This had previously been done, to a great extent, by Dr. Charlesworth and Mr. Gardiner Hill in the Lincoln Asylum, and still earlier, towards the end of the last century, by William Tuke in the Retreat near York established by the Society of Friends, and about the same time by Pinel in the Bicêtre Asylum in Paris. It was in the year 1793 that Pinel, after some delay and difficulty, obtained permission from the French Government to unchain some of his maniacal patients. The first man on whom the experiment was tried was an English captain who had been in chains for forty years. He was thought to be one of the most dangerous inmates of the asylum, and with good reason, for he had killed one of his keepers by a blow with his manacles. He was released under a promise that he would behave well and injure no one. Having obtained his freedom, he walked about during the whole day, uttering exclamations of delight. In the evening he returned to the cell of his own accord, and slept tranquilly. During the two succeeding years while he remained in the asylum he had no return of his violent paroxysms, and he even rendered himself useful by exercising a kind of authority over the other patients, whom he ruled in his own peculiar way. In the course of a few days Pinel released fifty-three maniacs from their chains. The result was beyond his hopes. Tranquillity and harmony succeeded to tumult and disorder; kindness and gentleness had the most favourable effect, and the most furious maniacs were rendered tractable. Such a marvellous change from violence to tranquillity surely had some relationship to a work of healing which occurred nearly eighteen hundred years before. We read of a man who had his dwelling among the tombs, who had often broken the fetters and the chains with which he had been bound, neither could any man tame him; yet this outcast was found, clothed and in his right mind, sitting at the feet of Him who had healed him by a word. Surely, too, Pinel's active beneficence forms a pleasing contrast to the unpractical mocking infidelity of the philosophers and the sanguinary violence of the politicians of his age and country.

Notwithstanding the favourable experience of the non-restraint treatment in the Bicêtre, in the Retreat at York, and in the Lincoln Asylum, the barbarous system of personal restraint was still in very general use when Dr. Conolly was appointed resident physician of the Hanwell Asylum in the year 1839. Hanwell at that time contained eight hundred patients, more than forty of whom were found under restraint. Dr. Conolly gradually abolished all mechanical restraint, and in his successive annual reports he demonstrated the complete success of the system, and its happy influence, not only upon the poor patients, but also upon the character of the attendants. The publication of these reports excited great interest and some controversy, but the result was that within a few years the non-restraint system of treatment was adopted in every asylum throughout the country.* For some years Dr. Conolly gave clinical lectures at Hanwell during the summer months, and in 1843 I had the privilege of forming one of the first batch of students who were sent down from each of the London schools. We were allowed to visit the wards with Dr Conolly, and we afterwards listened to his most interest-

* See Sir James Clark's interesting memoir of Dr. Conolly.

ing and instructive clinical remarks upon the cases we had seen. It is much to be regretted that the abundant materials for clinical instruction in the great asylums throughout the country are so little utilised as they are at the present time. A knowledge of insanity is of great importance—nay, it is essential—to every practitioner of medicine. There are obvious reasons why cases of confirmed insanity should, as a rule, be treated by a special class of physicians; but it is equally obvious that mental unsoundness in its beginnings and early stages, when an accurate diagnosis and judicious treatment are of the highest importance, must come under the observation and care of the ordinary medical attendant. For these reasons the public interest demands that the opportunities afforded to the general body of medical students for obtaining a familiarity with the various forms and phases of mental disease should be greater than they are at the present time. I would strongly urge upon all students to whom any such opportunity offers to avail themselves of it to the fullest possible extent. They will find the subject full of interest—an interest, too, which grows with the increase of observation and knowledge. They will also find it abounding in difficulties. It could scarcely be otherwise, since the study of insanity involves the consideration of the mysterious connexion between mind and matter, and their mutual action and reaction upon each other.

In the investigation of mental diseases two distinct classes of phenomena present themselves for examination. First, there is to be noted the influence of purely physical changes upon the mental condition. The brain requires for the discharge of its functions a due supply of freely-moving normal blood. Impede the movement of the blood through the brain, or deprive it of its oxygen, or permit it to be contaminated by alcohol, by chloroform, by the products of undigested food, by retained excreta, or by certain morbid poisons, and symptoms of mental disturbance, varying according to the nature and the intensity of the exciting cause, will be the result. Here we have an example of a purely physical change causing a mental disorder. On the other hand, the influence of mental emotion upon the circulation and the cerebral functions is not less certain and obvious. Fear and anger and grief, through their influence upon the heart and upon the minute arteries, change the colour of the face, and, doubtless, disturb also the cerebral circulation, in a moment. And this disturbance, when very intense, or much prolonged or recurring often, may result in a more or less durable mental derangement. Thus we see that a mental delusion—the vision of a supposed ghost—may be only, as Scrooge, in the "Christmas Carol" suggests, "an undigested bit of beef, a crumb of cheese, or a fragment of an underdone potato;" while, on the other hand, a blood-stained dagger in the air may be the outcome of a mental conflict between the conscience and a strong temptation. And, again, sudden terror or intense grief may result in a life-long insanity or epilepsy. The physical and the mental phenomena are quite distinct, yet closely correlated and mutually interdependent. How close is the relationship between the mind and the body is shown by the consideration that such phenomena as fear, grief, and anger, which we think of as being purely mental, are usually the result of impressions conveyed to the mind through the sense of either sight or hearing. In short, it is apparent that all impressions conveyed to the mind from without, and all outward manifestations of the mind's internal operations, are effected by material agents. Are we therefore driven to the conclusion that the mind itself is material, the product of a highly organised "protoplasm"? We think not; for we see that many of the mental functions—the phenomena of the reason, the conscience, and the will—are so entirely different from any of the known properties of matter, however highly organised, that we cannot conceive of the one being a product of the other. Surely something more than organised protoplasm, or "quintessence of dust," has been concerned in the authorship of "Hamlet," in the discovery of the laws of gravitation, in the invention of the steam-engine or the electric telegraph, and in the spectrum analysis of the sun and the stars. We believe that the cerebral organisation, wonderful as it is, is as distinct from the mind in its essence, as the battery and the telegraph wire which convey a message are distinct from the mind which frames and sends the message and from the mind which receives and reads it.

In the study of psychology, we shall do well to bear in mind Lord Bacon's doctrine, that "no perfect discovery can be made upon a flat or level. Neither is it possible to discover the more remote and deeper parts of any science if you stand but upon the level of the same science and ascend not to a higher science." Happily, with respect to the difficult and deeply interesting subject which we have just now been considering, we are not left without higher sources of knowledge. It has been revealed to us that there is within each human being a spirit capable of holding communion with the Divine Spirit, and destined for an immortal life beyond the grave. This revelation, while it far transcends in its clearness and completeness the result of any merely human inquiry, is yet in strict accordance with all that by other methods we can most surely learn of our present condition, our actual needs, our intellectual cravings, and our highest spiritual aspirations.

It surely will not be denied that amongst the subjects whose investigation may the better enable us to promote even the physical welfare of mankind, the metaphysical question to which I have here referred finds its appropriate place. Indeed the student of nature, in his progress onwards and upwards, can hardly avoid the contemplation of this subject. The minute observation of the mechanical arrangement of the particles of matter leads on to the investigation of those subtler powers by whose influence magnetic action and chemical affinities are developed. Beyond these, again, there lies the greater mystery of vital powers. Trace that to its utmost extent, and we have but reached the first limits of those higher faculties of reason, conscience, and will, of which we feel within ourselves the living action. And here, where the darkness presses most heavily upon us—here, in our search for the great first Cause of all created being, we most need that illumination from above which alone can satisfy man's inquiring spirit. Here, too, we may reverently adopt Lord Bacon's profession: "Thy creatures have been my books, but thy scriptures much more. I have sought Thee in the courts, fields, and gardens, but I have found Thee in thy temples."

And now, before I conclude, let me address a few words specially to those amongst you who are about to commence the study of medicine, as well as to those who have already made some progress in that study. Your main object, during the earlier part of your student course is to make yourselves physiologists. Your first business is to study the structure and working of that wonderful machine, something more than "the cunningest of Nature's clocks," whose derangements it will be the work of your future life to correct. In the study of physiology you will need all the aid and the light to be obtained from anatomy, from chemistry, and from physics.

Physiology, as a science, may be said to date from Harvey's great discovery of the circulation of the blood, rather more than 200 years ago. Before that discovery, a science of physiology was as impossible of attainment as a science of astronomy before the discoveries of Copernicus, of Galileo, and of Newton. During the present century physiology has made great progress, and within the last twenty-five years its rate of advance, owing to improved methods of research, has been more rapid than at any former period. It is not long since we have learnt that Harvey's discovery, complete and accurate as it was so far as it went, was yet not quite complete. For many years after the time of Harvey, it was believed that the heart alone is concerned, not only in the propulsion of the blood through the arteries, but also in regulating the supply of blood to different parts of the body. Some time since, the late Dr. Alison and others suggested that the irregular distribution of blood to various tissues and organs in certain diseases is the result of an influence exerted by the small vessels upon the circulation. Then microscopic research discovered that the smallest arteries in all the tissues have muscular walls with a contractile power which enables them to regulate the size of their canals, and thus to control the stream of blood. Lastly, Bernard and others demonstrated that the contraction of these arterial canals is under the influence of certain nerves called vaso-motor nerves. Paralysis of the vaso-motor nerves is followed by extreme dilatation of the minute arteries; on the contrary, stimulation of the nerves by galvanism excites contraction of these vessels to such a degree as for a time to close their canals. In this action of the minute arteries we find the explanation of the sudden

changes in the colour of the face which occur under the influence of mental emotion. The pallor of fear or anger, and the flush of shame, receive here their physiological explanation. Again, the discovery of this regulating influence of the minute arteries has led to the right interpretation of some pathological phenomena which had before been unexplained. It will suffice to mention three diseases upon which the recognition of this stop-cock action of the small arteries has helped to throw a new light. These are a fit of epilepsy, the collapse of cholera, and the hypertrophy of the heart which is usually associated with chronic Bright's disease of the kidney.

When you pass on to the study of disease, you will find that you are, in fact, entering upon another department of physiology. Pathology, the science of disease, is but another name for the physiology of disease. The processes and the products of disease result from the action of the normal mechanism and forces, only modified by morbid conditions. Many morbid processes obviously have a beneficial design and tendency with reference to some antecedent injury or derangement. They are the result of an effort to repair or to compensate for an injury, or to correct a disorder, and so to restore the injured organ or the general system to its normal condition. Again, none but a physiologist can rightly interpret or fully comprehend the various modes in which disease of one organ may excite functional disturbance, and even structural change, in another with which it is correlated. It rarely happens that disease of an important organ remains long uncomplicated with disorder of other parts, and the tracing of the physiological relationship between two or more coexisting diseases constitutes one of the most interesting practical problems in the every-day work of the well-educated practitioner. Be assured that even in the midst of morbid processes, apparently the most disorderly and chaotic, there is a true cosmos if we only can find the right key for their interpretation.

Enough, I think, has been said to convince you that physiology forms the only basis for scientific pathology, and I trust that the result of this conviction will be that you will all become zealous students of physiology.

When you come to the subject of therapeutics, the final and supreme stage of your medical studies, you will learn that, although, as I have before intimated, the administration of medicines forms but one element in the treatment of disease, yet it constitutes an important part of the art of healing. We do possess remedial agents of undoubted power and of inestimable value, and we may reasonably hope that further research will add to the number and efficiency of our remedies. In estimating the influence of treatment, you will do well to avoid the extreme of weak credulity on the one hand, and of obstinate scepticism on the other. The operation of some of our most trustworthy remedies is mysterious and unexplained, if not inexplicable. If therefore you find, after careful inquiry, that a remedy or a method of treatment has a favourable influence upon a disease, do not reject it because it is opposed to some preconceived opinion, or because you cannot satisfactorily explain its curative action.

Finally, gentlemen, in the study of therapeutics, as in every other field of research, remember that your main object is, not your own exaltation or selfish advancement, but truth—truth to be employed for the glory of the Creator and the relief of man's estate. Let this, then, be your leading maxim—"Prove all things: hold fast that which is good."

DISEASED MEAT IN DUBLIN.—We find from the Report of the City Analyst (Dr. Cameron) for the month of August that no less than 10,000 pounds of meat, besides a large quantity of fish, were, on his evidence, confiscated by the Lord Mayor as being unfit for human food. The total quantity of unsound meat confiscated during the four months ending the 1st September amounted to 41,000 pounds. Only one of the parties implicated in these transactions has been sentenced to imprisonment; and he—a butcher, named Daly, who was convicted by a magistrate and awarded three months' imprisonment—has, through his counsel, stated his intention to appeal to the Court of Queen's Bench. We sincerely hope that the conviction in this case will hold good, as mere fines are shown not to be of the slightest use in putting a stop to this widespread evil.

Abstracts
OF THE
INTRODUCTORY LECTURES
DELIVERED AT THE
VARIOUS MEDICAL SCHOOLS OF LONDON
AT THE
Opening of the Session 1869-70.

ST. GEORGE'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. WADHAM.

AFTER a few words of greeting to the visitors present, the lecturer, addressing the students, said—"To you also, gentlemen, my colleagues, equally with myself, are anxious to offer the warmest and most friendly welcome, to encourage you to look upon us not only as lecturers who have undertaken to deliver to you, in as condensed and palatable a form as possible, the latest facts and newest views respecting the subjects to which our names are respectively attached, but as teachers anxious to impart to you all of the science of medicine and surgery which we know, and so much of its art as is capable of transmission, as men aware that instruction—'that mysterious communing of wisdom with ignorance'—is an indefinable tentative process, which cannot be conducted in the gross, or carried out with mechanical precision by aid of fixed or universal rules indiscriminately applied to intellects and dispositions varying in capacity and kind, but one requiring a study of individual aptitudes and a perpetual variation of means and methods in order to attain and accomplish its ends; that the slothful amongst you have to be stimulated, the diligent encouraged, those who are slow of understanding more particularly and patiently informed, and those of brilliant and quick parts restrained from deviating from the simple paths of nature and wandering too far into the labyrinths of speculative hypothesis. To effect these objects requires, as we know, time and labour and application on our part; but all this we are willing to give, provided you, on your side, will show some of that desire for instruction, some of that thirst for information, and a little of that appreciation of the efforts made in your behalf, which, I regret to say, are far from being such distinguishing characteristics of medical students—at all events, at the outset of their career—as they would be did they but know the magnitude of the task before them, and the amount of knowledge necessary in the present day, not only to satisfy the requirements of the different examining bodies, but to enable them to practise, with credit to themselves, with advantage to their patients, and, above all, with satisfaction to their own consciences, that profession which they are here professedly to study."

The lecturer next described the nature and responsibilities of the profession, and the prospects it offered to those who thoroughly qualified themselves for its practice; adding—"But, even if you become a good physician or skilful surgeon, you must not imagine that with industry and rectitude your success is certain, the utmost you can do being to deserve it. For, although it rarely happens that in the higher branches of the profession any man obtains the general confidence of the public, and certainly never that and the confidence of the profession, without deserving it, it often occurs that those whom the profession respects the public ignores, and that the secondary and more numerous prizes are awarded to assertion and assurance, and not to modesty and merit; the public in this resembling the unjust judge in its nature, and those who obtain its ear and patronage having in theirs much of that irrepressible disposition which distinguished the importunate widow. These lines are, perhaps, more applicable to the medical than any other profession which say—

> "'How rarely, friends, an honest man inherits
> Honours and wealth, with all his toil and pains!
> It sounds like language from the land of spirits,
> If any man obtain that which he merits,
> Or any merit that which he obtains.'"

The necessity of studying anatomy, natural philosophy, and chemistry, as stepping-stones to the comprehension of physiology and the science of the profession, was then explained to the younger students, and the utility of lectures, in the following words:—"You must not, however, think that by impressing upon you the importance of anatomy, and warning you how greatly you have to acquire it for yourselves, I encourage you to neglect the systematic lectures given upon it, or any of those prescribed in your curriculum of study; for not only do I believe that the principles of medicine and of surgery, and many other subjects of which you require a knowledge, are much more easily learnt from lectures than from any other source, but that the essential parts of such extensive subjects as chemistry and physiology have of late become, would be to the generality of students impossible of attainment without the guide which lectures afford as to the direction in which their studies should be pursued. For in this intensely scientific age, when, as in other subjects, so in medicine, faith is the exception and Pyrrhonism the rule; when writing is the only accepted test of merit, and publication and publicity the recognised medium of success; when we have weekly and monthly and quarterly to consider, not only the fervid but often unripe lucubrations of the young and enthusiastic of the profession, but the contributions of those to whom the sarcasm of Otway upon the authors of his own day, 'that every dunce who starved presumed to write,' might not unfairly be applied; when the so-called fact of to-day becomes the abandoned and exploded fallacy of to-morrow,—it is necessary to know what not to learn, and what to forget, fully as much as what to learn; and on this point the lecturer, who necessarily keeps in advance of the text-books, and whose duty it is to winnow and separate the little corn from amongst the mass of chaff, is able to give you authoritative information."

Addressing next those students who, having passed their examination in anatomy and physiology, were about to commence that portion of their studies intended to qualify them for the practical exercise of their art, the lecturer continued: "I am anxious to impress upon you the imperative importance of constant and diligent attendance in the wards of the hospital, and in the dead-house; to urge you to bear in mind that, however much you may learn from books or lectures of the science of medicine and surgery, of the speculations of physiology, of pathological facts, and of post-mortem appearances, it is only by earnest and constant observation of the sick, and subsequent examination of the dead, that a knowledge of disease can be acquired; that whatever you may read or hear respecting the influence or otherwise of so-called therapeutic agents, it is only by the evidence of your own senses you should be guided as to their employment or not, and this in total disregard of the crusade at present waged against some of them, and of your inability to give a scientific explanation of their probable mode of action; for, humiliating as the admission sounds, it nevertheless is true, that science—that is, science as represented by vital chemistry and vital physiology—for reasons to which, such as they appear to me, I will presently allude, has contributed but little towards the detection of the ultimate causes of diseases, and added less to our knowledge of therapeutics and the explanation of their undoubted influence; so that as regards these latter our knowledge remains almost entirely empirical, the result of accidental observation and subsequent experience, and Medicine, so far as it is a science, continues in all its branches one entirely of observation, as is easy of proof to those who consider the nature of the recent great advances which have been made in it, and the means by which they have been obtained. Thus, if we look to the latter first, of what in reality do they consist? Of instruments, which, like the microscope, ophthalmoscope, and laryngoscope, are so many aids to our eyesight; of the plexiметer and stethoscope, which simply enable us advantageously to employ our hearing; of the thermometer and sphygmograph, which fairly represent an increased delicacy of touch; and lastly, of chemical reagents, which, by slightly straining the simile, we may say replace and supplement our senses of taste and smell. So also with regard to the advances which have of late been made in our profession as a practical art; whether they have relation to the prevention of disease, to its prognosis, diagnosis, or treatment, they are all of them the result of diligent observation, of the educated use of our senses, and of laws and rules which, by an inductive process of reasoning, have been discovered from the facts and effects observed." The lecturer then enumerated, under their different heads, some of these advances, ending the list by saying that observation alone, chiefly forced upon us by the ridiculous assertions regarding the efficacy of homœopathic remedies, had also led to the recognition that not only many specific diseases and many uncomplicated inflammatory affections run a definite course, over which therapeutic agents have no control, and have, when not carried to such an extent as to cause irreparable destruction of the tissue, a tendency to end in resolution, but that even in chronic affections, and notably in those affecting nerve-tissue, after a lapse of time, in the absence of all remedies, though probably under the influence of hygienic means the nature of which may have escaped detection, an impulse towards a return to the natural function of the tissue occurs, and continues uninterruptedly until its perfect restoration is established, in a manner similar to that which many of his audience might have witnessed when watching the gradual disappearance of syphilific nodes or cutaneous eruptions after the venereal poison has been destroyed, and after the exhibition of all medicine has ceased. Such facts should teach us that in specific affections, such as fever, although we cannot cure the disease, we may palliate and relieve many of its effects; that if, in acute inflammatory diseases, there is a period for active interference, it is of short and fleeting duration, and if lost the disease must run its course, but that upon its subsidence the assimilative functions with which each of our tissues is endowed, recovering their normal action, will often suffice to remove that over which therapeutics have no influence; and that the functions of the physician and surgeon are often best performed by simply watching and directing the action of these vital forces, supporting the system, and relieving symptoms by the employment of those means of which experience has taught us the value. Such, he continued, are a few of the advances which have, as the result of clinical observation and pathological study, been made in medicine as a practical art, and in which the speculations of science have had no share. If, however, we considered the subject of therapeutics, we should find that our general knowledge of them and of their modes of action had made but little progress; that disbelief regarding their benefit was a common feeling; and that we were in danger of being argued into the abandonment of some upon the questioned utility of which it would be a portion of the students' duty to form an independent opinion for themselves, remembering that experience upon this point had always been in advance of knowledge, and that to accident and observation, more than to any chemical or physiological reasoning as to their probable action, we owed the possession of almost every therapeutic agent we employed. These statements he illustrated by giving the history of several medicines, and amongst others that of Peruvian bark, the action of which was an accidental discovery of the Jesuits, and which was known as a cure for ague, and given for the relief of many pathological conditions, long before any chemist had discovered the existence in the tissues of a fluorescent substance resembling quinine in many of its chemical reactions, but, fortunately for those who live on meat, differing from it in the grosser test of taste, and before the theory was proposed that the rapid removal of this substance from the tissues by the action of marsh miasma was the cause of ague, and its supply its cure; before vaso-motor nerves were discovered, or any physiologist had suggested that the influence of quinine was partly due to its effect through these upon the arterial circulation; and before its power in inflammation of impairing the vital properties, and hindering the generation of white corpuscles, had been experimentally proved. Even the newest and most fashionable remedy, bromide of potassium, he said, which, in addition to its decided effect over certain affections of the nervous centres, or perhaps on account of it, seemed destined in some degree to realise Mr. Leckey's aspiration, "that medical science may soon help morals by helping us to physical methods of self-control," had an action equally impossible to deny as it is to explain. He then alluded to the germ theory of putrefaction and to the depurative theory of amyloid degeneration, and to the influence which, if true, they would have upon the employment of many local applications, and also to the opinions recently expressed regarding the uselessness of these; to

the theoretical proposal made to destroy cancerous growths by the injection of an agent, the effects of which had only been watched upon dead cancerous cells under a microscope; to the expectant treatment of syphilis and its consequences; to the almost general dictum against bleeding; and the conclusions drawn respecting the action of calomel, podophyllin, and taraxacum, from experiments made upon dogs. He remarked that arguments against the reception of these might be found in the facts, that many animals can consume with impunity things fatal to man; that dogs, who could take 240 grains of taraxacum at a dose without its affecting them, and who require from one to three drachms of aloes to purge them, are essentially dogs, and not men; and that when submitted to experiment, they were not in that pathological condition which even in man may be an essential condition for producing the specific effects of the drugs. Lastly, he said that those who opposed many of these opinions were men who, although willing to profit by the advantages of modern science and the discoveries which every day produces, declined, at the voice of every juvenile aspirant for notoriety, to ignore that practical knowledge of their art which it had taken them years of study and observation to acquire.

In conclusion, the lecturer said: "If I have detained you so long simply to show that the great advances which have of late occurred in medicine are due to scientific observation, and not to chemical or physiological speculations, and that these have added but little to our knowledge or comprehension of therapeutics and their action, it is not that I wish to decry these sciences, or deny the assistance they have rendered medicine, but only to put them before you in their proper place as her servants, and not—as they arrogate to themselves to be—her masters. It is because I wish to convince you that medical art is not the application of an abstract demonstrable science in which certain results may be infallibly drawn from certain data, or in which the disturbing forces may be calculated with scientific exactness; that the symptoms of disease can never be treated as so many factors, to be put into a reasoning mill, and ground out by aid of a mathematical calculus into their true and unvarying products, but have to be considered in connexion with the constitution of the individual, and the circumstances under which they arise; that you have to study, not only disease in the abstract, but disease in the individual, and even in his tissues and organs, such as they have been transmitted to him by his gouty forefathers, his syphilitic or scrofulous or cancerous parents, or as their vitality happens to be modified by the life he has led, the climates he has visited, or the physical or moral circumstances by which he is surrounded; that you must see with your own eyes, feel with your own fingers, listen with your own ears, and reason with your own brains; and that your opportunity for doing all this is now—now that you have open to you without limit or restriction the enormous field of study and investigation which this hospital and its pathological museum afford. It is because I would warn you against seductive theories, against chasing shadows, and against that *deductive* process of reasoning which starts by establishing imaginary laws and causes, and twists facts and effects to fit them: reasonings which encourage some to give quinine, carbolic acid, sulphides, and other antiseptic agents to destroy in fever a poison which, if it exist, has already commenced its specific action; to see in the purging of cholera a curative effort, and in aiding this its proper treatment; and which lately led an eminent physiologist to state that the presence of opalescent phosphatic urine, so common after injuries of the spine, was the result of certain organic germs introduced into the bladder by catheters, and to be cured by the use of other catheters smeared with carbolic acid.

"If, too, I have seemed to question the ability of chemists and physiologists to interpret facts which I know must depend upon fixed and certain causes, and which it would be of infinite service to medicine to have explained, it is because I regard man's body as something more than a crucible, vitality as something more than chemical action, the variations of oxidation and nutrition which occur in each particle of the body in disease as its effect and not its cause, and therapeutics something more than agents which promote or retard oxidation. Because even the physical philosopher's comparison of man to a steam-engine, consuming fuel, and generating force to be afterwards correlated to his various physical and intellectual actions, leaves unexplained the mystery of the engine's creation, development, and repair whilst acting. Because both vital chemistry and vital physiology are based upon the unproved and (I say it with all humility) to my mind, improbable assumption that the same laws which prevail, and the same forces which operate upon inorganic matter, external to the body, prevail and operate in a precisely similar manner upon the living organism within it; taking no notice of that formative power inherent in living matter, or that power of selection with which living tissues are endowed, which together seem the essence of vitality,—powers of which we have the earliest evidence in the processes which take place in the seed of the plant, and in the impregnated ovum, both of which, submitted to the necessary conditions, undergo a rearrangement of their elements, resulting in the production of the plant from the one, and the development of the embryo from the other, a chemical rearrangement, if you will, but one governed by selection, and evincing a formative power, differing in its nature, and obedient to other laws than those which would operate upon the same seed if from any cause its vitality had been destroyed, or upon the ovum in its unimpregnated condition, and differing vastly and widely from those which govern inorganic matter,—powers the continuance of which may be traced in the growth of the plant, and the formation of its textures from materials selected from the earth and air in which it lives, and in the animal from the blood which circulates within its body; to the operation of which the lily must owe its scent, the rose its hue, and the Arabian tree its medicinal gum; which in animal life must regulate the development of every organ, and the secretion of every gland, supplying to each creature its means of subsistence and weapon of defence—to the lion its muscles, the stag its horns, the badger its stink, and the snake its venom; giving the beaver its constructive, and the bee its geometrical instinct; assuming in man its highest expression, and possibly influencing his ability for intellectual work,—powers which cease with the cessation of vitality, which depart with life, and which, being lost, leave our bodies like the dust from which they sprang, and to which they are about to be again returned, once more subject to the chemical laws which govern inorganic matter;—and, finally, because I doubt whether the veil of Isis will ever be so far raised that man shall stand face to face with truth, and his finite mind fully comprehend these infinite mysteries of creation; and because I recognise a sphere above and beyond the reach of human science."

GUY'S HOSPITAL.

DR. C. HILTON FAGGE'S INTRODUCTORY ADDRESS.

AFTER a few prefatory remarks, in the course of which the lecturer gave to the students a hearty welcome in the name of the authorities of the hospital and the staff, he passed on to offer some remarks to the new men. They should be very slow and careful, he told them, in forming acquaintances, for the character of these might probably affect their whole future career. The first-year's men at a medical school are at first a "fortuitous concourse of atoms;" but they quickly develop into an organised community, having each year a sort of "epidemic constitution" of its own. The student should bear in mind that his teachers are continually estimating his powers, just as he himself cannot help forming an opinion as to the character of every one with whom he is thrown into contact. Moreover, actual records are kept of the work done by each pupil in the dissecting room, the out-patient department, and the wards. It is by these records that the Medical Council are guided in selecting among the different candidates, and recommending to the treasurer, those most fitted for the various clinical appointments. At Guy's, these appointments are very numerous, every part of the hospital practice being systematically served by dressers or clerks, all of whom are chosen by merit, and without payment. The hospital staff itself has for years been recruited from the medical school; and a position on it is within the reach of every man who can show that he deserves it. Each of Napoleon's soldiers was said to carry a marshal's bâton in

his knapsack: something analogous might perhaps without falsity be said of the students at Guy's.

Dr. Fagge then proceeded to make some observations as to the way in which medicine should be studied, insisting on the great importance of clinical observation, both for diagnosis and treatment. To recognise a disease which is discoverable by sight, or touch, or hearing, a man must previously have seen, or handled, or listened to cases more or less similar. If he do not get through his period of probation within the walls of the hospital at which he is a student, his own patients afterwards will be the raw material for his studies. And he will meet with great difficulties, for all the senses require to be sharpened, until changes can be appreciated which were before imperceptible. Even in a large hospital, the opportunities of watching patients affected with any one disease are irregular and fragmentary, so that a considerable time necessarily elapses before the student acquires a grasp of, and mastery over, his cases.

With regard to the question whether first-year's men should attend in the wards, the lecturer admitted that it is in part one of time and money. But he urged that time is found for cricket, and foot-ball, and boating; and he thought that a student ought to resolve to do some clinical work every day, or every other day. Indeed, although the power of concentrating the mind on one subject is a very valuable one, its indulgence creates a dangerous habit. And however early the observation of disease may have been commenced, the student's experience can never be complete.

> "Death hath ten thousand several doors
> For men to take their exit."

One of the highest attractions of medicine is, that its subject-matter is inexhaustible.

The importance of dissecting and of practical morbid anatomy was next insisted on; and Dr. Fagge then proceeded to make some remarks concerning lectures, quoting Dr. Johnson to the effect that they are most valuable where experiments can be shown, as, for instance, in chemistry, and "the making of shoes." His hearers were warned against relying unduly on books, and against the book-worm spirit; but still more against the habit of desultory reading, now so prevalent. It would be well for a man to resolve that he would never read anything without deliberately judging for himself as to the validity of the conclusions arrived at.

The lecturer afterwards gave some advice to students on the question whether they should aim at the degrees of the University of London. If they were ambitious, and had time, he strongly recommended them to do so; but under the opposite conditions he urged them to weigh the matter long and carefully before deciding on a career which would delay their proper medical studies to an extent that might be disastrous. The proportion of undergraduates who fail to obtain even the M.B. degree is large, and a man stands but a poor chance who is hampered by money difficulties or by multitudinous calls on his time. It must not be overlooked, however, that the University of London is now the only British source from which a metropolitan student can obtain a medical degree without residence elsewhere. It is surprising that the London medical schools have made no effort to remedy a state of things which is very prejudicial to their interests; for the regulations of the London University are so far prohibitive that only about ten Doctors of Medicine annually take a degree there, from all the schools put together.

The next matter discussed was the proposal of Mr. Simon and others that examinations should be the sole check on the admissions to practise the medical art. The lecturer was adverse to this suggestion. Fairly good examination-papers may, he remarked, be written by men who have no real practical knowledge of their subjects; and, in his opinion, clinical examinations are not capable of effecting so much as has been supposed. The examiners can seldom have that detailed knowledge of the cases which is essential, since the question to be determined is whether the candidate can observe systematically and with precision.

Dr. Fagge then made some remarks as to the position and prospects of therapeutics. His view was, on the whole, encouraging. For the first time in the history of medicine, drugs and methods of treatment have been submitted to that which is the only real test of their value. Formerly, a medical man used to ask himself—"Is my patient better now than he was a week ago, before he began to take my physic?" Now the question runs: "Is he better than he would have been to-day if he had had no physic?" And, broadly speaking, the result of these inquiries is that the more active remedies are still believed to possess most of the powers formerly accredited to them. There are, indeed, a large number of fatal diseases; but, as was urged by Sir John Forbes, this is inevitable, since man must die. Even in functional complaints, treatment sometimes fails; but then Dr. Fagge recommended his hearers to conclude, not that the pain or other disorder is irremovable, but that they do not know how to remove it. For a certain number of cases the expectant treatment is the right treatment; but medical men should aim at limiting these year by year. Worse still than "expectation" is either "indifferentism," or even a feeling of doubt as to the efficacy of drugs, as though it were hardly worth while to make energetic use of them.

> "Our doubts are traitors,
> And make us lose the good we oft might win
> By fearing to attempt."

In conclusion, the lecturer appealed to his audience to weigh well how responsible is their calling; and reminded them that only on this condition could they reap the real rewards of the physician — the loving gratitude of their patients, the sympathy of their friends, and the approval of their own consciences.

At the termination of the address, the late president of the hospital, the Right Hon. Sir Lawrence Peel, presented the Treasurer's Gold Medals, and the other prizes, certificates, &c., for the session 1868-69; the successful candidates being introduced by the senior physician, Dr. G. Owen Rees, F.R.S. The Treasurer's Gold Medals for Clinical Medicine and for Clinical Surgery: George Abbott. Third-year's Students: W. F. R. Burgess, First Prize, £40; George Abbott, Second Prize, £35; Arthur Wm. Smith, Richard Wood, and John Jolliffe, Hon. Certificates. Second-year's Students: George Davidson Deeping, First Prize, £35; H. Bennett Bailey and Arthur Cooper, Second Prize, divided, each £15; Wm. Thos. Law and A. Kingcomb Newman, Hon. Certificates. First-year's Students: C. H. Golding Bird, First Prize, £30; Geo. Turner, Second Prize, £25; B. H. Williams, Third Prize, £10 10s.; J. Clague, T. W. Jackson, and Walter E. Hacon, Hon. Certificates. Entrance Examination in Classics, Mathematics, &c., Oct. 1868: George Thos. Bettany, First Prize, £25; Thos. Eastes, Second Prize, £20; Robt. Harry Hughes, Third Prize, £15; H. S. Branfoot, Hon. Certificate.

LONDON HOSPITAL.

ADDRESS BY DR. C. MEYMOTT TIDY.

"To-day, gentlemen, is a day for old and young to meet, though the one turn his back on the other—for old to look back, for young to look forward. Age may look back, indeed, to-day sad, serious, sober. How long it has laboured, how steep and up-hill its path, how weak and nerveless its mightiest effort, how small its reward has been. Yet, may be, it is not all so sad. Strong, deep marks it may see left behind it—steps which its own hand has cut, a ladder for its sons; no formless, shapeless grooves, but a mould of beauty, passion, and of strength. And, though its hand tremble now, and its eye be dimmed, still a good conscience is its joy, and a faith in the future its possession. Nor is it a little joy for the old to turn back in love and sympathy for his sons—to tell his children of the rough, rugged paths that have been made plain, of the old hard fight which is victory now, of the struggle whose crown is triumph. Nor does he envy the son who begins where he left off, for the child of science is begotten at his father's grave. It were a happy meeting here to-day if it did nought but cherish the love of a father and the worship of a son. We may be quite sure of this, that it is only as bowed down in reverence before the spirit that is past and dead that we can become the children of a living progress in the future."

Dr. Tidy then referred to the medley character of the assembly. Perhaps the spirits of those great men were present who had made our school famous in the past. There were more preparing to follow them; there were those who were in the thick of the battle with death and disease, and there were those who to-day entered the ranks. And those

present for the first time the Council cordially welcomed. "It is good for you to be here, and yet we trust you have not come by any mere accident to commence what I must honestly tell you is a laborious career, which you had better never have chosen unless you come with the plain, straightforward object before you, of bringing all that science can possibly suggest for the relief of a suffering humanity. A day of retrospect will come in this world, and a day of reckoning in the next. And let me say, if you fail to administer that relief from any lukewarmness on your part, from any carelessness in your studies, or from any neglect in noting the practical business of your profession, it were far better that you had never known to-day, for you will have to bear the brunt of a conscience that will be constantly telling you that lives more precious than silver or gold have been lost through your want of skill—that misery has been brought on many a family as the result of your previous neglect—that the enormous capabilities fortune has entrusted to you of doing good have been actually converted, by your own most grievous fault, into opportunities of doing evil. Oh! I say, it were ten thousand times better that you had never known to-day, unless you are determined to lay aside all that would divert you from honestly fulfilling those sacred engagements you are now making to be bound with more than marriage ties—ties which death, and death only, can sever—to that profession which will have no divided allegiance, but the man, and the whole man."

Dr. Tidy then said that the presence of past and present students suggested an inquiry as to the influence of past investigation on present discovery. He pointed out that we are only wiser than the ancients in so far as their work served as a nucleus for our own; that the brilliant discoveries of later years had their origin in many a stray note put on record on the page of some dusty manuscript; in short, that science was "a history of development." This he illustrated first by reference to the labours of the alchymists, showing how in several particulars their work paved the way for our discoveries. Taking another illustration from the history of lithotomy, he showed how the successes of Liston and Dupuytren were in a great measure due to the failures of previous operators, and their labours in showing the cause of those failures. Dr. Tidy next gave an account of the various discoveries since the time of Newton (in illustration of this developmental process) that have led up to the marvellous results of spectroscopic research. He endeavoured to prove that the work of Kirchhoff, Sorby, and others, was only to forge one link of a long chain. The discoveries made with the spectroscope were then referred to—first, in our examination of terrestrial matter, the discovery of cæsium and rubidium by Bunsen, of thallium by Crookes, and of fargonium by Sorby; secondly, the clue it gave as to mysterious chemical changes taking place in the liquids of the human body—as, e.g., the blood. The lecturer then described the spectroscopic changes produced by cruorine and hæmatine in their several states of oxidation, pointing out the immense importance of this subject to those engaged in medico-legal research—the one-thousandth of a grain of dried blood being easily detected. It was to be remarked, however, that the spectroscope could not answer the question whether the blood was human or otherwise. Dr. Tidy lastly referred to the marvellous results of spectroscopic investigations concerning the nature of the sun and stellar worlds. "And do you not think," he said, "there are spirits in the spirit world joying as they listen to this story of the work of progress, but joying especially to think one or more of the links in this chain of discoveries were links forged by themselves."

Dr. Tidy then examined the chief hindrances to development. First, an undue respect for the opinions of great men, a love for pinning one's faith to "authorities" in medicine. The only true road to truth is devotion to independent inquiry,—Believe nothing but what you can prove. Secondly, a great hindrance to development is a love some men have for theorising, and building systems on a few insufficient experiments. System-makers and system-mongers have always been a curse to science. Such men place facts on one side, unless they suit them. Thus Dr. Tidy accounted for a miserable system like homœopathy, a system which has led some, brought up to love truth and to love freedom, to hug the chains of error and falsehood. The remedy was, caution in observing facts, and great care in drawing deductions.

The lecturer then referred to circumstances that had assisted development. First, the recognition of the mutual relationship existing between the various branches of professional study, and then the facility of a ready and unrestricted communication of ideas by the aid of the "medical press," the lecturer especially naming THE LANCET as the first of our medical papers that ventured to print the lectures of great teachers, thus scattering far and wide new and more extensive views of the nature and treatment of disease.

Dr. Tidy then insisted on the necessity for accurately mastering the foundations of medical science—anatomy, physiology, and chemistry; for these were the building's foundation. He especially remarked that any true progress in medicine or physiology must be brought about by taking advantage of chemical research. He also pointed out that to note the behaviour of drugs in the test glass would give us a far keener insight into the actions of various medicines than any fancy symptoms we may note which may or may not be produced by the drug in question.

It is now our turn (said the lecturer) to take our part in extending this chain of medical progress. He then pressed on the new students the need of work. That they should aim at forging a few links themselves, to leave some marks that may sustain their individuality when they were dead and gone. All may be discoverers if they like. Discovery is not limited to a small handful the world pleases to call men of genius. Because you fail in doing all you wish, it is poor philosophy that says do nothing at all. Then, further, if you intend to devote your time to medicine, it must be ALL of it. To bestow on other work a fractional part of your powers will be to leaven enthusiasm, and divide your energies. And what is more, you must not ask for reward. Let the inward feeling of having done your duty be your best if your only reward.

In conclusion, Dr. Tidy said: "Gather up into a few words the work you are entering upon to-day. To store your mind with whatever is already known for diagnosing the various forms of disease with which you may be brought into contact; to make yourselves conversant with all the changes those diseases may undergo; to be ready without loss of time to apply the best remedies that modern science has suggested for the cure and relief of the disease, and to propose such hygienic measures as may possibly prevent a repetition of the sickness. But above all, to aim at being yourselves discoverers, each for himself aiding the great work of medical progress,—each one ready, when the call shall come, and come it will, to pay back again to the just and Almighty Ruler the talent or the talents lent him, but only lent him; and ready, mark this, to pay them back with *usury*. This is your work. Go and do it."

ST. MARY'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. CHEADLE.

THE lecturer commenced by welcoming the new students, stating his conviction that the time of their student's career would probably be the happiest portion of their lives, the remembrance of which in after-days of ceaseless occupation, amidst the cares and struggles of the world, would never fail to call up a crowd of pleasant associations.

After remarking that the task before him was one which necessarily became more arduous every year, since the number of annual addresses on the same subject must have rendered it impossible to say anything novel regarding medical education, the lecturer proceeded to show the great evil which resulted from the want of preliminary instruction in natural science. Men come to an hospital to learn what they ought to have been taught at school. The time allowed for medical study was, therefore, too short for all that had to be pressed into it; and the result was that clinical work was neglected, and the practice of medicine actually learnt—if learnt at all—after the examinations were passed. When he began the study of medicine, towards the end of a university career, having had all the advantages of education under men distinguished in classics and mathematics, he found himself utterly destitute of such knowledge as could be directly of use to him in his new pursuit. "I knew something of French; but of German, which I soon perceived would be

of the greatest use to me, I could not even read the alphabet. For anything I had been taught to the contrary, earth, air, fire, and water were the four elementary bodies. Why the food I swallowed should not enter my lungs, or the air I breathed into my stomach, I had no information. I found myself completely bewildered by strange words, strange ideas, incomprehensible explanations — lost in a new country, where I met no friends, where I could recognise no landmarks. At an age when I ought to have gone through the drudgery of elementary work, I had to commence again with the veriest rudiments. I think we are bound to teach every citizen a reasonable amount of general knowledge of the world in which he is appointed to live, where the phenomena take place according to fixed laws, in accordance with which all his work has to be done. He ought surely to be acquainted with the properties of the materials with which he has to work, and the conditions under which that work has to be accomplished. And the deficiency affects the medical profession more nearly than any other. Not only do the students suffer directly from the lack of previous scientific training, but, unless the public with whom they have to deal after entering practice have an accurate knowledge of the leading truths of elementary science, it is impossible for them to judge for themselves what is true in Medicine and what mere baseless theory. They are necessarily superstitious and credulous, and thus become the easy dupes of imposture, so that rogues and charlatans obtain the rewards which are the due of honest men. Some steps have already been taken to remedy the evil. The universities and public schools have begun to promote the study of natural science, and we may hope that the change will become more complete and penetrate deeper still into the lower centres of education. Such reforms are necessarily gradual. We need hardly be surprised at the slow progress which takes place, but rather wonder that such an advance has been made, when we consider the amount of prejudice and bigotry which had to be overcome. Formerly science was generally regarded as identical with sorcery and magic, and but 150 years ago the members of the Royal Society were commonly looked upon as a pernicious set of men, and were publicly denounced on the ground that they 'neglected the wiser and more discerning ancient philosophers, and depended too much on their own unassisted powers,' and that a philosophy founded on experiment would 'lead to the overthrow of the Christian religion, and even to a denial of the existence of God.' And such prejudice has not quite died out in our own day. I remember hearing one of the most distinguished men of our time relate how, some thirty years ago, he was looked upon in society with suspicion, and men whispered to one another that he was a dangerous man, of unsound views—a geologist. But, happily, things are so far altered now that even the clergy wield geological hammers without distrust, and are cordially helping to fathom the secrets of the material world with microscope and test-tube, in the sure belief that the search after truth can never be antagonistic to a sound Christianity."

The lecturer then proceeded to explain the value of a knowledge of the ancient languages in teaching the art of expression; of mathematics in training the mind to accuracy and precision of thought, and enabling it to follow out with ease and certainty an intricate series of dependent phenomena; and of modern languages in affording access to the results of the labours of men of science in other countries. Passing from the question of preliminary education to the special course of study at a medical school, he expressed a hope to see the day when all teaching in general science would be relegated to the universities, or to separate institutions if necessary, and medical schools entirely devoted to instruction in physiology, pathology, and the applications of general science to the arts of medicine and surgery. Urging the necessity of a thorough knowledge of anatomy, chemistry, and physiology, he exhorted them above all to cultivate clinical medicine in the hospital wards. The power of diagnosis could only be attained by long and careful observation of disease,—

> "Old experience doth attain
> To something like prophetic strain."

But the only way of rendering experience fruitful was by cultivating a practical acquaintance with all the various means which had been devised for the detection of morbid changes in the body—the use of the microscope, the stethoscope, the opthalmoscope, and the thermometer. As science advances, these aids to the ordinary senses will become developed more and more, and will reveal secrets which we are blind to now. The thermometer, for instance, had been applied to the purpose of clinical investigation in the sixteenth century, by Sanctorio, a physician of Padua, who used it to find the temperature of the body in fevers. It could then disclose nothing but that the fever was more or less, and so soon fell into disuse again. To us it tells of wear and tear going on, of waste of tissue, of approaching danger, of returning convalescence. After pointing out the great facilities which were afforded by the institution of special departments for the treatment of particular classes of disease, where the students could see collected together the varied forms of allied affections, and were taught by actual demonstrations the peculiarities presented by each, he warned them that book-work alone would never fit them for the actual practice of their profession. "It will avail you but little to know what physical signs, such as tubular breathing, crepitation, bronchophony, fluctuation, a bruit, or a friction sound, may indicate, if you cannot recognise these sounds when you hear them. A bare knowledge of the significance of the presence of the various cells, and crystals, and casts, and other morbid products in the secretions will be comparatively worthless, if you cannot discover their presence there to help your diagnosis."

Next came the question—What power would they possess over the evil they might discover? The triumphs of surgery and preventive medicine were palpable enough, and visible on every hand. But with regard to medical therapeutics the results were more obscure. Not that the good was less real, but in the nature of things the action of internal remedies was less striking than those of surgical treatment—the relation between cause and effect less obvious and incontestable. "We have, indeed, ceased to look upon diseases as distinct entities, to be driven out or destroyed by drugs, as we expel a worm, kill an acarus, or extract a calculus. We confess that we cannot stop continued fever, but we know how to guide the patient through the fearful crisis, how to sustain the flickering life, how to ward off the fatal accidents which threaten at every stage. We can arrest syphilis, check diarrhœa, modify phthisis, relieve or cure epilepsy. We can direct and control the course of morbid action in a hundred different ways, prevent secondary lesions, remove pain, relieve distress. And thus life is saved or prolonged every day. Perhaps all this may seem little to you, who, sanguine with all the enthusiasm of youth, half expect to hold the keys of life and death. But we do not possess the elixir of life. We can teach you no magic art. Medicine necessarily waits on the sister sciences. We must be content with a careful empiricism for a season; and as we learn more of the materials with which and the mode in which the tissues of the body are built up, and the series of morbid changes which take place, and as our knowledge of the precise action of the agents at our disposal on the various tissues and secretions improves, we shall begin to see more clearly how to adapt them to the ends we seek. Formerly a host of ignorant empirics held sway and reaped reward, while the honest plodders in the work of science were solitary and unnoticed, except by persecuting enemies. Now a great army of skilful and honest investigators, the most persevering and industrious of men, attack the unknown night and day; and although I cannot look forward with Sir James Simpson to a time in the distant future when all medicines will be pleasant beverages instead of vile pills and potions, morbid growths be melted down, contagious diseases utterly stamped out, and the child born to live a hundred years; yet I confidently believe that you may live to see advances in the art of healing which would appear marvellous to us now, and that by these means the average duration of human life will be materially prolonged."

The lecturer then proceeded to give some counsel to the students as to the management of time, the cultivation of a careful regard for truth, and a habit of accurate observation and record, and that they should take nothing for granted, but observe for themselves if things were as they had read; concluding thus:—"I might end my address to you by picturing some bright prospect, of honours to be won or of wealth to be gained, as the reward of earnest study here, and an enlightened practice of your profession hereafter;

but I decline to bribe you to exercise the gifts with which God has endowed you by any promise of reward, or hold up failure and disgrace as the sure punishment of idleness and misconduct. I will not appeal to ignoble motives, which have only too much influence in this selfish world already. Every man, I take it, is born to do his share of the work which is going on, that which he finds he is fit for, and to do it with all his might. Every individual life represents so much force, so much divine fire; if that power be left unapplied, or be misapplied, the whole purpose of its creation is shamefully perverted. *Your* work is to add to science such atoms of truth as you may be able to gather up amid the bustle and ceaseless occupation of professional business. It is to direct all your energies to alleviate pain and defeat death, being careful always, as becomes true gentlemen, to treat the poor, and loathsome, and miserable, with the same care and greater kindness than the rich patient that fees you highly. And, finally, it will be your duty, and one not to be evaded or neglected, to teach more clearly and vividly than can be done by anyone with mere general knowledge, how drunkenness and sensuality, and filth, and vice of every kind, carry each its own proper punishment of disease, and pain, and death. You have to teach the life-saving knowledge, how to stop contagion, how to prevent disease, and how to foster health. You must take your part manfully on the side of truth and right in the great battle which is always going on of good against evil. And for the rest, let it be. Whether you gain honour and wealth or not, your chief reward will be to feel that you are doing your proper work in this world, and that you are doing it bravely and well."

MIDDLESEX HOSPITAL.

INTRODUCTORY ADDRESS BY DR. ROBERT LIVEING.

AFTER some introductory remarks, the lecturer discussed the subject of preliminary education, and alluded to the new regulations by which students may now become members of the University of Cambridge without belonging to any particular college, and thus avoid many of the expenses incidental to college membership. In reference to the subjects of the professional curriculum, he especially called attention to the fact that sufficient time was not allotted to the study of Chemistry, and that it would be a gain if part of that now spent on Anatomy, both human and comparative, and the whole of that devoted to Botany, could be employed in studying chemical science. He pointed out that natural sciences should be studied with one object in view—namely, as a preparation for carrying out the ultimate purposes of the medical profession, the treatment and prevention of disease. He remarked that in any reformed curriculum Hygiene must be introduced as an essential element, and continued his observations as follows:—"Before concluding this part of my lecture, I am especially anxious to direct your attention to the subject of Sanitary Science, and that for two reasons. In the first place, because it forms no compulsory part of the medical curriculum—a fact much to be regretted; and in the second place, because I know no subject of equal importance, except the clinical study and direct treatment of disease. A perfect system of hygiene is the nearest approach to that 'elixir of life' which was so vainly sought for by the alchymists of old. In attempting to cure disease we daily feel the limit of our power; a barrier seems to cross our path and stop further progress. But there is no limit to the good that may be effected by preventive medicine; and though that science is still in its infancy, our knowledge is far, very far ahead of our practice. It is startling to consider the appalling waste of health and life, moral as well as physical, existing in the civilised world, which might be avoided by a carefully organised system of hygiene. We have as yet no idea what beneficial effects would result to civilised races by placing them, even for a few generations, under the most favourable sanitary conditions, and under wise restrictive laws with regard to marriage. By way of illustration of the importance of sanitary science, I will direct your attention to one or two facts in connexion with it. There is nothing more certain than that the air we breathe, the soil on which we live, and the water we drink, have a marked influence on health. For example, all localised outbreaks of typhoid fever are entirely due to the introduction of poison by water. If proof were wanted of this, the outbreaks that occurred at Guildford and Terling in 1867 fully and terribly supplied it. In both instances the origin of the epidemic was clearly traced to the impure water-supply; and at Guildford the fever was confined to a certain well-defined district, receiving water from a new well that was situated in porous chalk, within a few feet of various leaking sewers, and surrounded by soil so filthy that it produced vomiting in those employed to remove it. At Terling, out of 900 inhabitants, 300 were attacked with typhoid fever; and, as Mr. Simon says, 'the one preventable disease killed in two months a larger proportion of the inhabitants than all causes of death put together ought to have killed there in two years. The conditions which rendered possible this most calamitous visitation of disease were, as in all our other experiences, conditions of local filth.' The fact that some 1200 persons die annually in England and Wales from this 'preventable fever' is sufficient alone to bear out my statement that we do not act up to our knowledge. Diarrhœa and cholera, like typhoid fever, are chiefly propagated by drinking-water; and although peculiar atmospheric conditions may play an important part in their development, yet it is more than probable that, in this country at least, cholera is a preventable disease.

"Let us take another example. One-eighth part of the whole mortality in England is due to phthisis. Here, therefore, the acquisition of any knowledge that will increase our powers of prevention is of the greatest value. Now, there are three well-known causes, more or less removable, which directly tend to the development of phthisis. First, the disease is produced by 'unwholesome conditions of in-door industry,' and in the manufacturing districts this cause, which is partly preventable by law, produces a marked effect upon the death-rate from consumption. Secondly, it is a well-established fact that dampness of soil is a common cause of phthisis to the population living upon it. The death-rate by this disease in ten towns fell on an average 35 per cent. after improved land drainage. Lastly, phthisis is more or less hereditary, and is especially apt to appear in children born of parents suffering at the time from tubercle. Here there is another preventable cause of the disease. It would, no doubt, be impossible in the present state of public feeling to legislate with a view to prevent the marriage of tuberculous persons, but we cannot deny that there is a moral obligation upon everyone so circumstanced not to marry. These few examples will serve to impress upon you the importance of directing your attention to the study of preventive as well as curative medicine. I cannot, however, dismiss this subject without referring to a question which has been raised and ably discussed by a distinguished member of our profession, Dr. Bridges. He says, 'That many thousands of lives during the last twenty years, or even tens of thousands of lives, have been saved by sanitary measures, is very certain. Meantime the terrible question recurs, Are the lives saved vigorous lives or feeble?.....Is not the tremendous mortality of infants in overcrowded towns Nature's process for ridding us of the sickly lives, and sparing only those that are strong?' The question is an important one, and fully deserving our attention. Now, without pretending to answer it, I would simply remark, that defective sanitary conditions, although they tend to destroy the weak, probably at the same time undermine the health of the strong, so that we may still have in the main a sickly population. We can understand that the Roman plan of not allowing sickly infants to live answered its purpose in improving the physical powers of the race; but can we believe that bad food, bad housing, and bad clothing will produce a similar and equally satisfactory result? The educated non-professional public are profoundly ignorant of everything connected with the nature and origin of disease. They have nearly as much faith in nostrums and specifics as their forefathers; while the poorer classes are not only equally ignorant, but habitually neglect the ordinary essentials for preserving health, and, as they believe in the ready curability of almost all diseases, so they take little care to guard against those external agencies and unnatural habits of life which produce them. With these two classes—the educated and the uneducated—you will hereafter be brought into daily communication, and it will be your duty to infuse amongst them sounder principles on such important subjects as the preservation of health and life."

On the subject of reform the lecturer said—"In professions, as in States, changes and reforms are talked of and criticised long before they are carried out; and of late we have heard much of two proposed changes which, like coming events, have cast their shadows before: I mean the reform of our licensing system, and the admission of women to medical studies and practice. Now it cannot be denied that there is a growing feeling in the profession that our present system of regulations connected with the different forms of licence to practise is far from satisfactory, and that 'one uniform standard of examination and one legal qualification' should take the place of what I would call the divided responsibility which at present exists. There are, as you know, in the United Kingdom no less than eighteen or nineteen corporations that have the power of granting a licence to practise. Now the existence of many different licensing bodies would be a matter of small importance if the same preliminary requirements and an equally high standard of examination were adopted by all. But this is not the case. For example, to obtain the only licence to practise surgery that is granted by the University of Cambridge, you must pass six examinations extended over a period of some six or seven years, and including in their range written, *viva-voce*, and practical tests in no less than fifteen medico-scientific subjects. For the M.R.C.S. four years' study and a knowledge of some four professional subjects is all that is required. In the present day we should not think of performing a surgical operation or treating a local disease until we had ascertained the constitutional state of our patient. Is it, then, too much to expect that a surgeon should be acquainted with medical pathology and clinical medicine, as well as surgery, before he receives a diploma to practise? About the middle of last session, public attention was called to the fact that many surgeons, candidates for army medical appointments, were ignorant and unskilled in the practical work of the art they profess. Now, however startling this announcement may have been to the public, it could scarcely have surprised those who are acquainted with the final examination for the diploma of the College of Surgeons, to obtain which a man must have studied a text-book on Surgery, and acquired the art of bandaging a sound limb or reducing an imaginary dislocation, but not that of treating surgical cases or diagnosing actual disease. Now, should we think of testing a sculptor's practical skill simply by a verbal examination in the history and technicalities of his art? or of ordering a picture from an artist who, however learned he might be in the theory of painting, had never tried his hand on canvass? Yet we act as if the lives and limbs of men were of less value than works of human art. I will leave you, gentlemen, to draw your own conclusions, and to say whether we ought not to apply to our professional examinations what was objected to in the case of the Irish Church—I mean a system of 'leveling up.'

"With regard to the other reform to which I alluded, there can be no doubt that women will ere long be admitted to medical degrees in England, as they are in many other countries of Europe and in America. Already a majority of the Senate of the University of Edinburgh has decided to admit ladies, under certain restrictions, to the study of medicine. Now, instead of hastily condemning this innovation as a necessary evil, I would ask you to bear in mind, what no one will venture to deny, the existence of a very great and daily increasing number of well-educated women who can barely earn a subsistence by teaching, needlework, and other like occupations, and of a still larger class who are dependent through life upon the charity of friends and relations. Now if superfluous energy and wasted talent can be turned to good account, there is something gained; and the throwing open any new and legitimate sphere of employment for educated women will be an undoubted advantage to themselves, and possibly to society at large. Thus far you will agree with me. Then comes the question, whether the practice of medicine is or is not a suitable occupation for women. This, time alone will show. At present we have not had sufficient experience to guide us to a conclusion; and to make positive statements regarding it is to prejudge the question. I would only remark that neither the profession nor the public are justified in refusing to give the experiment a fair trial. There is one practical point connected with this subject that it would be well to bear in mind—namely, that it is essential to the success of the scheme that, if women are to be admitted to practise, they should first receive a sound education in all the branches of our profession, and fulfil all the requirements and pass the same examinations as are deemed necessary for men."

In conclusion the lecturer said: You are doubtless satisfied that in choosing medicine you have chosen an honourable and noble profession—the best and wisest have ever so regarded it; but remember that with each of you rests the responsibility of upholding it in that light. Men will interpret the view you entertain of it through the medium of your own conduct. It is certainly easier to grow rich by adopting a system of humbug than by leading a life of strict integrity and industry. You will, therefore, often be tempted to swerve from the straight road of professional rectitude into some bye-path to gain and fame. But remember, again, that no success in life will compensate you for the loss of self-respect.

> "Honour and shame from no condition rise:
> Act well your part,—there all the honour lies."

Foreseeing, then, the dangers and difficulties that will beset your path through life, strive by your wisdom to earn for yourselves an unsullied name, strive to uphold the social position and honour of your profession, and above all things seek to make it "a rich storehouse for the glory of the Creator, and the relief of man's estate."

ST. THOMAS'S HOSPITAL.

DR. W. H. STONE'S INTRODUCTORY LECTURE.

THIS address was a reconsideration of the relations between Sense and Science. The speaker commenced by saying that an introductory lecture was a lay sermon, and required a text. He chose the maxim of Protagoras, that "man is the measure of all things;" and from this would endeavour to deduce the proper frame of mind in which to approach the study of science. After briefly reproducing the circumstances under which the proposition was first discussed, as given in the "Theætetus" of Plato, he named his address "Novus Theætetus," in memory of the great Lord Bacon, who did the same on a far larger scale with the "Organon" of Aristotle. His object, like that of the Novum Organon, was contrast rather than commentary; for the 2000 years which have rolled by since the inspired dialectics of Socrates were framed had changed, even inverted, the mutual relations of sense and science; so that what was rank heresy and sophism in the old metaphysician, might be a very symbol and watchword to the physician of to-day. After disavowing a materialistic interpretation of the axiom, and setting aside the solemn mysteries of revelation, the speaker showed that the archetypal man must be our standard, and criticised the assumed antagonism between sense and science. He proceeded to show how different is our conception of sense from what it was till very recently. The eye of old saw a few miles with difficulty; the ear heard sounds around, and was gladdened with the voice, the flute, and the plectrum; the finger touched objects within arms-length only. Our fingers can record their lightest movement thousands of miles away, across an ocean, in a land which our forefathers knew only by legend; our ear is tutored to the swell of the full organ, the rhythmic cadence of the fugue, and the measured thunder of the ordnance,—nay, more, it can follow the breathed air as it permeates the lungs, and the life-blood as it courses through the heart; our eyes embrace things infinitely great and small, from infusoria and blood-corpuscles to the huge disc of Saturn, Uranus, or Neptune,—nay, more, they can even break up light itself into its elements, and measure the retreating speed of Sirius through illimitable space. Sense, then, has received a new significance and a mathematical precision by which its proverbial errors are fast disappearing from physics. In this elimination, in this conscious and patient attainment of precision, it is essential that we, as men of science, should labour to take our part. The maxim was then applied to physiology, and the paramount importance of studying the healthy organism insisted on: paralogisms like homœopathy, and the apparent incongruities of therapeutics, might thus be reconciled. The duty of cultivating the senses, especially touch and hearing, to their highest accuracy was enforced; a work indeed of time, but essential

to our competence and repose of mind. The intercorroboration of one set of impressions by another, needed development in medicine, by a method like the astronomer's "personal error," or the "judging-distance drill" of the soldier. Other applications of the maxim to psychology, to statistics and life insurance, and to art, were shortly given; and then it was used in the commemoration of good and great men our predecessors, themselves the measures we should mete ourselves withal. An old foundation, like that of St. Thomas's, far exceeded pride of birth; for it represented not a line of erring men, but a continuity of good works, an unbroken pedigree of helpfulness and benevolence. In considering the losses of latter years—such as Green, Grainger, and Brinton—a tribute was paid to the memory of Gilbert Mackmurdo. He served long and faithfully, and was of exceptional kindliness to his younger brethren. "In conclusion, we, the brotherhood of St. Thomas and St. Luke, should model ourselves on the virtues of those who have gone before. It was here that the torch of knowledge was handed us, which we were to bear bright and shining to the end of our pilgrimage."

WESTMINSTER HOSPITAL.

INTRODUCTORY ADDRESS BY MR. JOSEPH WALKER.

AFTER a few prefatory remarks, congratulating the old students and the members of the staff on returning to the duties of the ensuing session after enjoying the pleasures of the country, Mr. Walker made a feeling allusion to the loss the hospital had sustained during the past year in the retirement of Mr. Brooke, whose name is known throughout civilised Europe and America for his self-registering apparatus; and in the death of Mr. Bruce, whose attainments were of the highest order, whose unwearied exertions in the dissecting-room had probably predisposed his constitution to the reception of the poison which proved fatal to him, and who, had he been spared, would, in all human probability, have proved a leader, as he was a master, in surgery. In welcoming the old students, the lecturer took occasion to note the renovation the Westminster Hospital had undergone, and trusted that the improvement would be found not to be limited to the outside alone, but that the internal arrangements would be found to present corresponding advantages to those who were about to enter; and particular attention was directed to the circumstance, that special departments had been organised in which several of the physicians and surgeons undertook to give instruction in particular forms of disease, and in the diseases of special organs. Mr. Walker then proceeded to speak of the high estimation in which the medical profession is held by all classes of the community, and pointed out that no gratitude is so sincere, no remembrance so lasting, as that which follows the restoration to health of a patient whose life has been despaired of. He then dwelt on the importance of recognition on the part of the State of the services rendered to it by medical men, and trusted some responsible head would be appointed, who might render an account to the Houses of Parliament in person of the state of the public health.

The lecturer dilated on the importance of *continuous* supply of water to large towns, pointing out the defect of the system at present in use, permitting the collection of water in cisterns which was used alike for drinking purposes and for the supply of water-closets, of the injurious effects of which the speaker's own experience had assured him.

The subject of vaccination was treated of, and its value strongly urged; but the importance of each practitioner obtaining a supply of virus from children under his own care, as well as the exercise of a due discrimination in its selection, were especially dwelt upon.

From this the lecturer proceeded to speak of the changes and improvements that had taken place in the examining bodies, and reminded his hearers that if they did not wish to be put to shame by those of the fairer sex who were now entering the profession, they must exert their faculties to the utmost. "The training of our students should be so thorough, both in the theoretical and practical department, that no incompetent man could by any means slip through these examinations; that these should be undertaken by men in the full zenith of their intellectual strength, and should be so conducted that the various abilities of men of different calibre may be developed; but a surgeon should mean a man capable of performing every operation he may be called upon to undertake, and who at the bedside of a patient is able to diagnose the disease, point out its peculiarities, prescribe for the disease, and give a fair forecast of the probable progress of each case. Such an examination may be supplemented by one of a higher order for the more distinguished positions in our colleges, but should at least be accepted by the public services; and as long as the representatives of those services consider it necessary to have special examinations, so long is it a standing reproach to the whole profession." The speaker thought that every man should for some time, say for a year, be compelled to act as an assistant when the responsibility of serious cases might be shared with an older practitioner. The students were exhorted to avail themselves to the utmost of the advantages which they now possessed, and so to acquire a thorough knowledge of their profession, since of all deceptions, that of an ignorant medical man was the most heartless: in particular, they were to set a high value on the clinical posts and the dresserships, which at a small school were open to every pupil. To attend carefully to the out-patient practice, and the several special departments; to learn diligently the natural and healthy structure of the body, the forms and positions of the prominences of the limbs, the sounds of the heart and breathing, and to compare them constantly with the same in disease. The value of maintaining a high character was then dwelt upon as being the noblest possession of a man, constituting a rank itself and an estate in the general goodwill, dignifying every station, and exalting every position in society. "It exercises a greater power than wealth; it secures all the honour without the jealousy of fame; it carries with it an influence that always tells, for it is the result of proud honour, rectitude, and consistency,—qualities which perhaps more than any other command the general confidence and respect of mankind. Character is human nature in its best form. It is moral order embodied in the individual; men of character are not only the conscience of society, but in every well-governed state, they constitute its best motive power, for it is moral qualities in the main which rule the world."

SOME PROPOSITIONS ON HOSPITALISM.

(IN ANSWER TO T. HOLMES, ESQ.)

BY SIR J. Y. SIMPSON, BART., M.D., D.C.L.,
PROFESSOR OF MEDICINE AND MIDWIFERY IN THE UNIVERSITY OF EDINBURGH.

(*Continued from page 433.*)

BUT further, in relation to this fourth objection—namely, "*that the comparison between hospital and country amputations is 'unfair,' for the success of the country amputations is represented as too high*"—Mr. Holmes selects four of my country returns, being Nos. 92, 171, 191, and 288 in the published table, as to him specially questionable. Apparently with some view of detracting from the statistical value of these returns, Mr. Holmes observes that they "show, when taken together, no fewer than 125 amputations of all the limbs for injury—the thigh having quite its fair proportion—occurring in the practice of four surgeons, and comprising their entire experience, *without a single death*." Here there is a grave and serious error on Mr. Holmes's part, made, I have not the slightest doubt, quite inadvertently and not willingly, yet forming a very great and reprehensible misstatement in such a discussion as the present. These four gentlemen have, according to their own certified and written testimony, amputated for injury in 125 cases; but 2 of the patients died, as explicitly shown in the table from which Mr. Holmes takes his data. The same four practitioners have performed amputation, as pointed out in the same table, upon 137 cases in all, 5 of which died, or 1 in 27. If fortunate in their operations for injuries, they were not so

in their operations for disease; as they lost 3 out of their 12 pathological amputations, or 1 in 4.*

Does Mr. Holmes really mean to argue that I should not have included those 125 primary cases because, in his opinion, they were too successful? And, on the same ground, should I have rejected the high mortality met with by the same four surgeons, in their amputations for disease, because it was greatly above the usual mortality? The chief value of any statistical inquiry like the present consists in taking in all extreme as well as all intermediary numbers, and striking an average or mean out of the whole. What would be thought, for example, of a statistician who, in striking the mean mortality of any population for a given time, objected to admitting among his data all who died after seventy years of age or before five years? Mr. Holmes doubts whether any such success is "possible" to be attained in hospital practice. Now in St. Bartholomew's Hospital in London in 1855, 17 males suffered amputation, and all recovered. During the same year, in 25 amputations, 12 of which were thigh cases, there was only one death. In 1861 there were 24 consecutive amputations with only 1 fatal case. In this way, in that metropolitan hospital, during these periods, out of 49 limb amputations only 2 died, or about 1 in 25. But the reporter, Mr. Callender, shows "how necessary it is to mass together a considerable number of consecutive operations before we have a chance of arriving at tolerably just conclusions."† For in 1863, to the end of September there were 13 deaths to 28 recoveries after amputation in St. Bartholomew's: in 1858 and 1863 there were 5 and 8 consecutively fatal cases. At the present time, and for some years past, the death-rate after amputations at St. Bartholomew's is as high as 1 in 2·7, instead of 1 in 25. Great runs of success in this way are not unfrequent in other hospitals, both surgical and obstetrical; as well as in country practice, where, from the death-rate being so small and pyæmia so much rarer, it is much more likely to occur. But the Nemesis of figures always at last certainly and ruthlessly reduces the statistics to their proper mean when the numbers become sufficiently large. For here, as elsewhere in such statistical inquiries, while there is always a great uncertainty and instability in regard to the results of a small and limited number of cases, a larger and larger aggregation of cases comes to afford conclusions which are comparatively certain and stable.‡ In a return which was sent to me last week, by Dr. Strange, of the mortality of limb amputations in the Worcester Hospital, I find that since 1862, 22 cases of primary amputation of the leg, and 8 cases of primary amputation of the arm, or 30 in all, were performed in the hospital in question without a single death. That most excellent surgeon, Mr. Carden, when first describing his new form of flap amputation, reported 17 hospital cases in succession of thigh amputation for disease without a single death; but he had 31 other amputations in all, and out of the remaining 14 cases 5 died, or above 1 in 3. In the first 30 amputations for disease in the Glasgow Infirmary, Dr. Lawrie tells us, only 1 died. Now, in that same hospital, they lose at present more than 1 in every 3 in their amputations for disease. At the Leeds meeting of the British Medical Association, Dr. George Macleod, of Glasgow, a most able and skilful surgeon, reported the result of 50 amputations of the ankle-joint which he had performed. Only 1 out of the 50 died. But in the statistics of the Glasgow Infirmary, which are kept with most commendable accuracy, I find that out of the last 50 cases operated on in the hospital, 10 of the patients sank, or 1 in 5. The York hospital is specially adverted to by Mr. Holmes, in his excellent official report, as at one time, from want of ventilation, suffering under "an extreme degree (as regards surgical patients) of hospital unhealthiness." (p. 549.) It is now greatly improved; and during the years 1867 and '68, out of 24 limb amputations performed within it, only 1 patient died. Perhaps it may not be out of place to add here, that since publishing my table of country amputations in March, I have been told of various country practitioners who have performed, with remarkable success, larger numbers of limb amputations than any that were at that time reported to me.

Secondly, Mr. Holmes, in addition, states and argues that my table of country amputations contains only two leading sets of operations—viz., in the returns (1) of those who had great experience and much practice in amputations, and (2) of those who had very few operations to return. As shown in Proposition IV., this is scarcely the fact, as out of the 2098 cases reported, 821 of the cases were performed by surgeons who had amputated twelve times or oftener; 648 of them by practitioners who had operated from six to twelve times, and 629 by country medical gentlemen who had operated five times or less. Surely this is an equal enough division, even to satisfy Mr. Holmes.

But, thirdly, he professes to have another objection to my table of country amputations, by which he thinks the success in it is also made too high. I have given, he avows, as one kind of returns "very small numbers of amputations for disease, in many instances single cases, which have almost *uniformly* proved successful." This, I humbly submit to Mr. Holmes himself, is very wrong. He will find in the table of returns eight or nine reports, at least, of one or two cases only in which the amputations, instead of being represented, as he avows, as "*uniformly* successful," are returned as *uniformly* fatal. The table contains, on the whole, 71 returns of cases in which the practitioner had only performed amputation once. Of these cases, 23 were forearm amputations, and therefore accompanied in the country with little or no danger. Of the remaining 48, as many as 7 of the cases, or 1 in 7, are reported as fatal; of the whole, about 1 in 10 died. Should not Mr. Holmes at once retract this with his other objections, as, to use his own word, "unfair"?*

OBJECTION V. "*I assert,*" *says Mr. Holmes,* "*that such a comparison as Sir James Simpson has made between private and hospital practice must always be unfair, because the cases are selected on different principles in private practice*" *from what they are in hospital practice.*—"The fact (he adds) *must* be as I say," for, to quote his own words, "hospital surgeons refuse nothing in the way of operation which comes to their hands."† On the contrary, I feel and hope that, in the main, this argument is merely an illusion on Mr. Holmes's part. It would, indeed, be painful and revolting to most professional minds even to suppose that the poor who form the patients in our rich hospitals were cut and operated upon by hospital surgeons on principles different from those on which patients were treated out of hospital. Dr. Brotherston, of Alloa, who has performed above sixty amputations of the limbs, has already rather indignantly criticised

* Mr. Holmes might have taken out of the list other returns amounting to nearly the same number, as Nos. 13, 140, 194, 227, and in which four returns the number of amputations reported is 128. Out of these 128 amputations 25 died, or 1 in 5. Should these four returns therefore be discarded as too low? The eight returns, 92, 171, 191, 288, 13, 140, 194, and 227, when added together, give 30 deaths out of 265 amputations, or 1 death in every 8 or 9 operated upon—the usual mortality in country amputations. Mr. Holmes thinks that the occurrence of such success as the four country practitioners in the text met with would, "in the practice of four hospital surgeons"—as, for example, the four surgeons of St. George's Hospital,—be nothing less than "*miraculous.*" It would of course be so unless the insalubrious conditions of St. George's Hospital were totally changed; and it would be so in another sense truer than Mr. Holmes imagines. The four returns are selected by him, I believe, as being the four best in the total series of 374. There are perhaps nearly an equal number of hospital surgeons in England; and let us suppose them to be 374 also. Now Mr. Holmes, or any of the other four surgeons of St. George's, might certainly have a fair prospect of being one of the four successful surgeons out of the 374, if the hospital conditions were duly changed for the safety of the patients; but the idea of all "the four surgeons" of St. George's standing at the head of the 374 is a result which, in the calculation of chances, is as millions to one—something more truly "miraculous" than Mr. Holmes, perhaps, dreamt of when he penned the sentence.

† See Medico-Chirurgical Transactions, vol. xlviii., p. 95.

‡ Elsewhere I have tried to show, at some length, that the great and leading principle upon which statistical inquiry is grounded consists in the fact that in unities or entities of a doubtful chance, while the result or event in individual instances is ever variable and uncertain, the result and event when calculated from or upon masses of instances becomes comparatively certain and invariable. (See Edinburgh Monthly Journal of Medical Science, Nov. 1847.) Perhaps one of the most remarkable instances of a statistical death-rate becoming rectified by increased numbers is that of Mr. Martineau of Norwich. In the eleventh volume of the Transactions of the Medico-Chirurgical Society of London, Mr. Martineau published an account of 74 cases in which he had performed the operation of lithotomy in the Norwich Hospital, from the year 1804 to 1840. Only 2 of these 74 died; or 1 in 37. We learn further, however, from a paper by Dr. Yellowly, that Mr. Martineau operated in the same hospital on 73 additional cases, or 147 in all. Of these 73 additional cases, 15 died; or more than 1 in 5.

* An excellent young practitioner—Mr. Cribbes, of Gorebridge,—whose remarks Mr. Holmes quotes as those of "very probably one of the (four) surgeons" spoken of in the text, belonged, not to that class, but to the present class of practitioners, who had returned one amputation. Mr. Holmes erroneously makes him testify against the presence of "tetanus" in mining populations. But most certainly Mr. Cribbes does not commit himself in any such way. Out of the deaths in country practice which I have collected, 10 or 11 were from tetanus. (See Edinburgh Journal for June.)

† In the Edinburgh Journal of Medicine for June I have quoted several cases, and have heard of others, where patients sent out of hospital underwent amputation and recovered. Dr. Philip Maclagan, of Berwick, told me of a case lately occurring to himself.

Mr. Holmes's remarks on this point.* There is, he observes, "certainly not one rule for hospital patients and another for private patients. The very idea is wrong. The operations in the country are as serious and difficult as in the town, and the number of primaries as large or larger. Arms and legs are saved in the country that would have been amputated in town [hospitals]. The joints &c. heal in the country, aided by uncontaminated air and proper treatment."

For his strange belief in the present objection Mr. Holmes offers two reasons. First, he observes "the private practitioner would very rarely be permitted to perform such a grave operation as an amputation, unless he could hold out much more confident hopes of success than any candid man could do in many of the amputations which we perform" (but which he certainly can, as his amputations are three times more successful than those of the city hospital surgeons); and, secondly, "there is always the habit which the poor have in doubtful and grave cases of seeking the advice of the hospital surgeons."

Mr. Holmes appears to fancy that in the country everything goes on exactly as in London. But in many country districts in Great Britain where amputations are performed, and performed frequently, especially for injuries, Mr. Holmes forgets that there is often no hospital surgeon sufficiently near to consult in a case of shattered limb, and they would have to wait six, twelve, twenty-four hours or more, to get an hospital surgeon; and in some country districts—in Scotland at least, and I could name some in England too—there is no desire to consult them even when within reach, as the patients frequently rather dread hospitals, and have the most full and implicit confidence in their own local practitioners. The number of cases of limb amputations which I have collected from country practitioners are surely sufficient to gainsay Mr. Holmes's strange assertion, "that they are very rarely permitted to perform such a grave operation." The country surgeon no doubt sometimes meets with opposition at first—at least at the idea of amputation; but perhaps, after all, not much oftener, if oftener, than the hospital surgeon.†

Mr. Holmes holds that there are some causes which of late have increased the mortality of amputations in large hospitals. For we may state it as, on his part, another

OBJECTION VI.—*In hospitals, conservative surgery increases our hospital "mortality after amputations by withdrawing all the better or more hopeful classes of cases entirely from the amputator."*—Mr. Holmes here refers particularly to the excision of diseased joints, instead of amputation of the limb. "Consequently," he argues, "as surgery improves, the rate of mortality after amputation tends to increase. If it be true," he continues, "that in the provinces practice inclines more to the old than the modern methods, this would tend to increase the success after amputation in the country. This," he adds, "is a matter which cannot be dealt with by *figures*."

But I doubt this last allegation of Mr. Holmes's; for statistics seem to me to be able to prove by their figures that any such changes exert less influence than he imagines in increasing the hospital death-rate after amputations.

Thus in the Glasgow Infirmary, from its opening in the last century in 1794 to the end of 1838, the death-rate in limb amputations was, according to the researches of Professor Lawrie, 1 in 2·7;‡ but from 1860 to 1868 the death-rate was very nearly the same, or as 1 in 2·5.§

In the Edinburgh Infirmary during three years and a half, Dr. Fenwick, writing in 1848, calculated the mortality of the limb amputations to be 1 in 1·96. During the last eight or ten years it has been rather diminished than increased, being 1 in 2·3.‖

I am not aware of the existence of any London hospital amputator's statistics a quarter or half a century old by which we could test the idea that in hospitals after amputation the mortality is increasing; but the preceding data scarcely favour that opinion.

OBJECTION VII. *"A comparison," says Mr. Holmes, "between perfect [hospital] and imperfect [private country] returns must be delusive."*—Is in reality the one form of the return thus more highly reliable than the other? Do the hospital returns contain more "perfectly authentic data," as I have heard earnestly insisted on by various parties?

It would very ill become me, as one who has received so much kindness and aid in this inquiry from professional brethren connected with the hospitals of Great Britain, to comment upon this matter. But I may be permitted, perhaps, to state that from a considerable number of hospitals I have received no reply; from professional officers connected with others I have been told that it was useless to apply, as no authentic records of the kind required were in existence; and from various quarters I have been informed of the doubts, the difficulties, and the impossibilities of filling up the schedules. But I believe the British returns which I have now collected and summarised contain a fair and reliable account of the limb amputations belonging to each hospital in the list. I willingly leave any criticisms on this point to the distinguished officer of the Privy Council, Mr. Simon, who, five years ago, in his preface to the published Report of Mr. Holmes and Dr. Bristowe, speaks of the "present grievous imperfectness of hospital statistics" as impeding in England the comparison of the success and healthiness of English hospitals with each other; and he observes, as the result of the experience of Mr. Holmes and Dr. Bristowe, that, "in the *vast majority* of hospitals, no scientific records were kept; and, in the *rare* instances, where reasonably good records were seen, these, as kept at different hospitals, were commonly so unlike to each other that no exact or minute comparison between them could be made." (pp. 31 and 38.) This was written in 1864. During the last few years matters in this respect have, I believe, become greatly changed for the better.

On the contrary, are not the country amputation returns more authentic and reliable? I believe that they are so for more than one reason. In the country returns the schedules were usually filled in, and their accuracy always authenticated and attested by the signature of the operating surgeon. In the hospital returns the schedules were most usually signed by the house-surgeon, or by one of the professional staff of the hospital. In the country returns, the signatures have a *personal* responsibility for accuracy; while, on the contrary, in the hospital returns, the signatures have only a *corporate* responsibility attached to them—a point of some difference in relation to perfect legal authenticity.* The accuracy of the country data, as reported to me by the 374 country surgeons, is proved, I repeat, by the fact that they are all duly and personally attested by the returning operators. If a man had a few cases only of amputation in the course of his practice, he was of course sure to remember them as so many white stones placed along the pathway of his professional life; those that had more had sufficient entries and notes to guide them. But I failed in obtaining specialised returns from several practitioners, who had performed a large number of amputations, because they had kept no records of the

* See Medical Journal for March 6th, 1869.

† When lately visiting a patient at Coniston with Mr. Bywater, that gentleman told me in the course of conversation that he had performed many limb amputations; and he had lost only one patient, amongst them a case of gangrene of the arm. On putting to him Mr. Holmes's hypothetical objection about the supposed difficulty of getting country patients to submit to amputation, he told me, in reference to one of his earliest amputations, that he was at first asked to do the operation without seeing the case, a message being merely left for him to bring forthwith his "tools" with him to a patient, as she wanted her leg to be lopped off. Here the patient and her friends wished to decide the question without asking at all the aid of the surgeon as to the mere propriety of the operation.

‡ See Medical Gazette for December, 1840, p. 307.

§ See table in Edinburgh Journal for June.

‖ According to the official returns of the last two years—embracing the time since antiseptic dressings &c. were profusely introduced in most of the wards,—the amputation mortality of the Edinburgh Infirmary has increased to above 1 in 2. From 1859 to 1866 it was 1 in 2·5. In 1867 and 1868 it was 1 in 1·8, or had risen from 40 per cent. of those operated upon to 53·6 per cent. In his work on Carbolic Acid (1863 and 1865, 2nd edit., p. 364), Dr. Lemaire of Paris, Dr. Declat, and others, taught that pyæmia in surgical wards could be prevented by the use and emanations of carbolic acid. (See THE LANCET for Sept. 2nd, 1867, p. 347.) During the several years from 1861 downwards, while M. Maisonneuve used carbolic-acid dressings in his wards in the Hôtel Dieu (which he has now, I believe, abandoned for alcoholic and other applications), it was not, I am aware, observed that there was any diminution of pyæmia among his patients. But the attempt to diminish it and other diseases which has been made from time to time by sulphur-fumes, chlorine, euchlorine, carbolic acid, ozone, cresool, &c., and other disinfectants and antiseptics, is certainly a line of inquiry well worth further investigation.

* This difference seems to have been felt strongly by some that returned the hospital schedules. Thus, in one of the last sent in to me, from a large hospital in England, the house-surgeon does not adhibit his signature, but conscientiously remarks that, being lately installed, he had merely extracted the cases from the operation book. "For its accuracy," he adds, "I would rather not own any responsibility; perhaps some cases, successful or not, have been omitted by chance."

peculiarities and results of their operations. Further, that the country returns present a fair mean in showing 1 death in 9 is, to my own mind, proved by the fact that, when the schedules were collected and summed up from time to time by my assistants, Dr. Aitken and Dr. Munro, they kept on the whole near this figure, though sometimes the general mean ran higher than 1 in 10, and again lower than 1 in 8. When I collated and summarised above 2000 cases, I ceased from extending the collection; believing I had brought together enough for a satisfactory and reliable mean, and believing also that in no question connected with amputation statistics had so large a body of data ever before been deemed necessary.

OBJECTION VIII. *The private cases of amputation in hospital cities and towns should have been collected.*—"If," observes Mr. Holmes, "Sir J. Simpson had not been so scrupulous to compare things which are dissimilar, if he had not, as he says he did, "in selecting the practitioners to whom the applications and schedules were sent, avoided as far as possible including in the list any members of the profession residing in our large hospital cities and towns [*as my object was to obtain the returns principally from country and provincial professional men*], his eyes would have been opened to the fact that, in order to test the effects of hospital arrangements upon cases, the cases themselves must be otherwise under similar circumstances."

In this quotation I have restored, in brackets and italics, an important passage which Mr. Holmes has omitted, because it shows that my object was to compare the results of amputation upon patients in our large hospitals with, as far as possible, socially the same class of patients in the country. As far as I can understand the object of Mr. Holmes's remarks, I should also have applied for and collected private amputation returns from towns and cities in which hospitals existed. I asked for them many months ago, in the *British Medical Journal* for January; but have received none. If they were brought together, they would scarcely afford, I fear, a fair and just comparison with hospital returns; as the latter would include the results of operations upon the poor, the other upon the rich; for in towns and cities with hospitals the poor become, almost all, for operative procedures, the inmates of the hospitals. Surely Mr. Holmes himself could scarcely expect me to find the hospital town amputation returns which he desiderates. For he observes: "Almost all grave surgical cases among the poor in London are removed to hospitals." And if this happen in London, let me ask Mr. Holmes how or why he expects it to be different in other hospital cities and towns? One of the greatest and most celebrated surgeons of the present day, Professor Billroth, of Vienna, lately wrote me that he had never yet had an amputation in private practice. How many has Mr. Holmes himself had, and what was their result?

(To be continued.)

POOR-LAW INQUIRY AT ISLINGTON: CHARGES AGAINST DR. SLATER.

ON Wednesday, the 22nd, Mr. Longley, Poor-law Inspector, held an inquiry relative to two charges against Dr. Slater, medical officer of the Thornhill District of St. Mary's, Islington, for which the guardians had thought proper to suspend him.

The first charge was that he had sent an unqualified assistant to attend a man named Hastings, who had sustained an injury of his leg; that he charged for a fracture, although no fracture existed, and had improperly received the fee.

Dr. Slater stated that an order was received for his attendance on the 17th of March, but, being ill at the time, the patient was seen by Mr. Foresight, a gentleman whose qualification was not stated, but who was staying with him at the time. This gentleman reported the existence of fracture of the fibula, but stated that the swelling was considerable, and that he had doubts on the point. A day or two afterwards crepitus was felt, and the limb put up in splints. On the 24th Dr. Slater paid a visit, and found that the man had been removed to the workhouse. A month afterwards he met Dr. Ede, the surgeon of the workhouse, who said, "You have sent in a man suffering from fracture of the leg; it is nothing of the sort. It is quite inconsistent with his having walked so far."

Dr. Ede stated that he saw the patient on the 24th, and examined the limb on the 25th. The man told him he was going past the London Tavern, and fell down some steps. He walked to the Broad-street railway station, rode to the Caledonian-road, and walked thence to his residence in Thornhill-street, a distance of three quarters of a mile. Witness told the man that it was impossible for him to have done that with a fracture and dislocation of the ankle. He was sure there was no other injury than a severe sprain. There was no swelling, and the man walked the whole length of the ward after being in a fortnight.

Charles Hastings stated that he fell down on the pavement in Bishopsgate-street, with his leg under him, and when he got up he found it swollen, and that he could not bear any weight upon it. He hobbled as well as he could to Moorgate-street station, and hopped over the crossing. There was no one about, and no conveyance. He went to King's-cross station, and a boy helped him up the steps. He hopped home, and found his foot much worse. Next day a gentleman came to see him, who said he thought witness had got a splinter, but that he could not examine the bone until the swelling had gone down. He came every day, and on the fourth day splints were put on. On the third day the leg was carefully examined, and witness felt a nipping and grating of the bone. His own opinion was that the ankle was broken. He had worked for a friend since, but was obliged to lay up again. No one else would employ him, as he could only hobble about.

The second charge was then gone into. Elizabeth Kirk stated that she applied for a medical order for her child on the 17th of June. She took the child to Dr. Slater, who wrote something, and witness went to the Dispensary, and got some medicine. She continued to take the child to Dr. Slater every other day for three weeks, and the child got better. After that it again got worse, and not feeling satisfied, she took the child three or four times to Great Ormond-street Hospital; the last occasion being the day before its death. About twelve o'clock the child got worse, and began to breathe hard. She went to Dr. Slater. There was no one in the surgery, and she saw a boy. Witness said she wanted to see Dr. Slater, and he asked her for her name. The boy went through a door, and returned, saying, she must come again at nine o'clock in the morning. She sent in word to say the child was seriously ill, and the boy, after again going away, said she must come at six o'clock in the evening. Witness then said the baby was dying, and after again going away, told her that the doctor had said "All right." She then went home, and finding the child worse, went for Dr. Brunton, who shortly afterwards attended. The child died at five o'clock.

On cross-examination, witness said that she was told Dr. Slater was at dinner, and that she was only three minutes altogether in the surgery.

Dr. Slater said that he first saw the child as a private patient on the 15th of June, and on the 17th a parish order was brought, and he again prescribed. He attended the child frequently until the 14th of July. On the 20th he was at dinner, at three o'clock, Dr. Milne, an old College friend, dining with him. The boy came in, and told him that a woman wanted him in the surgery. Witness replied, "Tell her to wait; I will be there directly." He received no other message. He left the room after finishing his fish, and finding no one, asked the boy where the woman was. The boy replied she was in the surgery. Witness said she was not there, and he asked the boy whether she did not leave her name and address. The boy said No, Sir. This evidence was confirmed by Dr. Milne, the boy, and Dr. Slater's servant-maid. Dr. Brunton said the child was dying when he saw it, at ten minutes past four o'clock, and if he had seen it an hour earlier he could not have done it any good.

Mr. Longley said the decision of the Poor-law Board would be sent to the guardians and to Dr. Slater.

MEDICAL HONOURS.—Dr. Hearne has been appointed a Justice of the Peace for the borough of Southampton.—Dr. C. W. Hollis has been elected Mayor of Yarmouth, Isle of Wight.

THE LANCET.

LONDON: SATURDAY, OCTOBER 2, 1869.

THE burden of all the introductory lectures that are either in course of delivery this day, or will be given on Monday, is, that it is incumbent for every student who now enters the profession to work with energy and perseverance, and in the words of the apostle of Christianity, setting aside the sin which doth so easily beset him, to run with patience the race that is before him. And truly the race is a noble one, and, vigorous as his mental and physical powers may be, will demand all the might he can exert to reach the goal; and having once entered on it, he must expect no rest, nor pause, nor drawing back, unless he will risk losing the little he has gained. It is an easy matter to give good counsel, and perhaps here and there it may alter a man's course of life; but, as a general rule, the career of a student depends much more on the effect that home influences have exerted on his mind, upon his own disposition to evil or to good, and on the friendships he forms. Few young men, however strongly they may be tempted, will suddenly throw off the rule of their previous life; but many may have their sense of duty sapped, and be slowly led astray by the constant and seductive influences of those by whom they are surrounded. We do not wish to moralise, but many instances have come under our notice, where high abilities, excellent prospects, and a generous disposition, have all been made shipwreck of by the selection of unprincipled friends. The billiard room, and cards, cigars, and beer, have been the first steps to ruin of not a few with whom we once associated on equal terms, and who are now either dead, killed by their own vices and follies, or are the veriest outcasts on the face of the earth, broken in fortune, in health, and in reputation.

Happily there is a brighter side to the picture. Vigorous work brings with it its own recompense, both in what it accomplishes and in what it aspires to accomplish; and youth is the time for work. The vigour, the energy, the receptivity of the mind of youth are wonderful. Facts early acquired, although to all appearance laid by and lost, will often, when occasion demands, come forth unbidden, and ready for instant application. The knowledge the student of Medicine has to acquire is partly a knowledge of matters of fact and partly of theory, and during the first years of his study his attention is rightly directed to the acquirement of matters of fact. In the subjects of Anatomy and Physiology, of Chemistry and Botany, obtained not merely from books, but by diligent work in the dissecting-room, the laboratory, and the fields, the student will find enough to occupy him during the first two years. His last two years should be occupied with Medicine and Surgery, and the appearances presented by disease in life and after death. In pursuing these subjects, the student's business is to make himself practically acquainted with all their minor details. With his own hands he should put up fractures, reduce dislocations, apply the pulleys, pass catheters, and use the stethoscope, the microscope, and other instruments employed in the elucidation of disease. He should himself also make post-mortem examinations. There is not an hospital in London, large or small, where the earnest student has not, in the surgery or in the out-patient room, ample opportunity for acquiring such knowledge; whilst in the wards of every hospital he may, as clinical clerk or dresser, see the principles of treatment carried into effect by men who collectively represent the soundest and most advanced knowledge of the age. For the ignorance of the student who leaves a London hospital, or one of the magnificent institutions which adorn our great provincial centres, there is no excuse. The practice of our profession consists essentially in bringing general principles to bear on individual cases; but general principles are themselves deductions from the observation of many separate facts, the analogies of which have been noted and grouped or classified for future use. The knowledge of bygone ages is by this means bequeathed to posterity; but each man must himself learn by experience, and by observation of the practice of others, when and how to apply those general propositions, and it is in the ability to apply them rightly that the difference between a good and a bad practitioner appears. Difficulties there may be in the acquisition of such knowledge, but they will be overcome by energy and perseverance. "To the persevering mortal," said ZOROASTER, "the blessed immortals are swift." Swift to help him who will help himself. To those who now enter the portals of the profession with earnest desire to profit by the opportunities that are offered them, and to advance the reputation and esteem in which the profession is held, we wish God-speed.

IN the following remarks we conclude our *résumé* of Professor PETTENKOFER'S observations on, and conclusions respecting cholera. Prof. PETTENKOFER remarks that although human intercourse is of the greatest importance in effecting the spread of cholera, it is noticeable that it has not yet been observed to extend itself in any marked degree along lines of railway communication; and this he attributes to unequal local and seasonal distribution of the soil (*y*) appropriate to the development of the cholera germ. We come now to the essential points of the Professor's views, which he enunciates in the following terms:—All places affected epidemically with cholera, and even those which are situated in mountainous regions, possess soils that, like alluvial soils generally, are porous to water and air. Those places which are built on compact stone, which will not permit the passage of water at all, or only to a slight degree, are never visited by an epidemic of cholera, and present but comparatively few isolated cases. Evidence obtained in apparent opposition to this statement—as from the epidemics at Krain, Malta, Gibraltar, and Rothenfels, is founded on imperfect and superficial investigation. The compactness and tenacity of a soil must not be confounded with its porosity, for there are rocks which are indeed sufficiently compact to be used as building stone, but at the same time so porous that, when dry, they contain a third of their volume of air. In all inquiries respecting the soil, particular attention

should be paid to the thickness, composition, and porosity of the layers of the soil interposed between the surface and the first stratum of water. In all large districts cholera affects different places with apparent capriciousness without our being at present able to furnish any satisfactory explanation. This inequality of distribution in neighbouring places proves decisively that the atmospheric conditions, which are comparatively equably distributed, cannot be the exclusive conditions requisite for the spread of cholera, but that these conditions and changes are of importance in the production of the cholera poison only so far as they favour the formation of an appropriate soil. Examination of the distribution of local epidemics shows clearly that, next to the actual presence of the cholera germ, the circumstance that exerts the greatest influence on the grouping and seasonal appearance of the disease is the position of towns in regard to rivers and drainage beds. This fact has led to our knowledge of the influence of the relations of the soil-water in constituting the most essential periodic or seasonal condition for the outbreak of the disease; and it may be observed that such changes in the relations of the soil-water have been found to be of the greatest importance, not only in regard to cholera, but also in the case of other epidemic and endemic diseases; for example, in abdominal typhus. So far as the cholera has been observed in India, no circumstance has exerted so regular and fundamental an influence in regard to its periodic development as this point of the moisture of the soil; so that in Calcutta the cholera is weakest in the hot and moist period of the year at the close of the rainy season, whilst in the hot but dry season it is most virulent. The minimum of the cholera in August is to the maximum in April, on the average of twenty-six years, according to MACPHERSON, as 1 to 6. Absolute dryness of the soil, as in the Desert, is as unfavourable to the development of cholera as continual moisture, as in the wet season in India. A certain medium rainfall is therefore most favourable; but facts show decisively the importance of great variations in the amount of water in the soil, which, when accompanied by a certain temperature, may be supposed to act as warmth with wet and alternate dryness do upon wood and other organic and even mineral substances, in all instances promoting their disintegration. In any given place, therefore, it is possible there may be too great moisture, or too great dryness, or, lastly, too great an equality of these conditions, to furnish a sufficient quantity of the appropriate soil (*y*) to lead to the occurrence of an epidemic. When the cavities of a soil contain air and water, the soil is only termed moist; but when all the air is expelled and only water is present, the soil is said to possess ground-water. Such ground-water is not only to be regarded as a constant spring of moisture permeating the superjacent layers, but its variations constitute a means of measuring, a standard, as it were, for the soil-moisture generally, and should be carefully ascertained by a continuous series of fourteen-day observations. The local variations in the amount of the ground-water depend essentially on the amount of rainfall; on the amount of rain that penetrates, or flows off from, the soil; on the quantity of rain that evaporates from, or is retained by, the soil; on the quantity of water that flows down from higher regions on non-porous strata; and, lastly, on the incline possessed by the non-porous strata on which the ground-water lies. In river valleys it is found that, as a rule, the level of the ground-water is higher than that of the river, unless the river banks are porous. In alluvial soils the height of the ground-water may usually be determined from that of the made wells; but particular circumstances may exist which render it requisite to adopt other means of measuring it. As epidemics of cholera have occurred both in the Tropics (Calcutta) and in the Polar Circle (Archangel), if their eruption be due to organic processes taking place in the soil, the variations of temperature cannot but be of importance, and require close observation. With us, most epidemics occur at a period of the year (latter part of summer and autumn) in which the temperature of the soil attains its maximum; and although we do not at present know at what depth below the surface the process resulting in the formation of the cholera poison goes on, we do know that at temperatures below 0° cent. all vegetation and fermentation processes, with which the supposed cholera process may be most closely assimilated, usually cease. But inasmuch as the cholera has appeared as an epidemic in high northern latitudes (St. Petersburg) in winter, when the ground is frozen to the depth of many feet, it follows that that portion of the process which furnishes the soil requisite for the breaking out of an epidemic must be capable of being accomplished at a temperature below zero. At the same time it has been shown that water can be obtained from the cellars beneath the houses of St. Petersburg, even in the depth of winter; and frozen soil, though hard, is not air-tight or less porous than non-frozen soil. It must also be remembered that the warmer the interior of the houses is, the more will they act in drawing air up from the subjacent porous and moist soil.

THE Council of the College of Surgeons will, at its meeting on the 7th instant, have to deliberate upon one of the most vital questions affecting its future which have arisen for many years. The existence of a "one-faculty system," so far as the College of Physicians is concerned, is already a fact; and though it may be a question for legal decision whether anyone not a Member of the College of Surgeons, or possessing a strictly surgical degree of a recognised University, can properly call himself a "surgeon," there can be no doubt that a "physician-surgeon-accoucheur" can for the future be sent forth from Pall-mall without the slightest reference to the wishes of the authorities in Lincoln's-inn Fields. No doubt it will be felt by many to be a hardship, as expressed to us by a correspondent, "for one man to pay £21 at Lincoln's-inn, and for another, who pays only £15 at the College of Physicians, to come and take his bread and cheese from him by authority of the Poor-law Board." The question for the Council of the College of Surgeons will be, first, how they can protect the interests of their own Members; and, secondly, how they can protect their own.

The fact is undoubted that the Physicians, tired of the endless delays and objections thrown in the way of an amalgamation, have stolen a march upon the Surgeons by

availing themselves of the long dormant powers of their charters, and it will now be for the College of Surgeons to sue for terms rather than dictate them, as they have hitherto attempted to do. If they had had the good sense to follow the lead of the Colleges of Edinburgh years ago, such a state of things need never have been brought about; and the present Council of the College of Surgeons, many of whose members are in no way responsible for the mischance, will reap the fruits of the exclusive conservatism of their predecessors. If we turn to the joint regulations of the Colleges of Physicians and Surgeons of Edinburgh, we find at once the basis upon which an amalgamation can take place. They say:—

"The general principle of this joint examination is, that it shall be conducted by a board in which each body is represented in those branches which are common to both Medicine and Surgery; but that the College of Physicians shall take exclusive charge of the examination in Medicine, and the College of Surgeons of the examination in Surgery. The object of the joint examination is, to give to students facilities for obtaining from two separate bodies, and at less expense, a qualification in Medicine and a qualification in Surgery."

The question of expense is really one great element for consideration, since it is obvious that the rising generation will become more and more loth to expend large fees for qualifications which will be ornamental rather than essential. One effect of such a modification of the College of Surgeons' fees as must necessarily ensue in case of any such amalgamation will be the putting of the Court of Examiners and the constitution of the College Museum on a proper footing. It is little short of scandalous that the hard-working members of our profession should be taxed in the persons of their sons to the extent of between £7000 and £8000 annually, of which £3000 goes into the pockets of the examiners, and the remainder goes to keep up the enormous establishment in Lincoln's-inn Fields. What the arrangement and division of fees for the conjoint examination should be, it is impossible for us to say; but it is obvious that they must to ensure success be lower than those of the two examinations as at present existing.

Medical Annotations.

"Ne quid nimis."

CHLORAL.

CHLORAL, the new hypnotic and anæsthetic, as its author, Liebriech of Berlin, defines it therapeutically, has become a subject of interest in England at a fortunate period,—that is to say, at a period when, in the absence of all other topics of a like kind, it can stand alone, and invite universal attention. To this circumstance it owes an unusually fine introduction to the medical world; but it has, stripped of all the exaggerations which have been made concerning it, qualities that give to it real significance. The substance which has created all the attention, which Liebriech uses, and which, at the request of the British Association for the Advancement of Science, Richardson experimented with and reported upon at Exeter, is strictly not chloral itself, but the hydrate of that body. Chloral (C_2Cl_3OH) is a colourless fluid, with a very high boiling point (210° Fahr.), and a sharp pungent odour. It becomes the hydrate of chloral on being mixed with water, and exists then as a white, solid substance, having a pungent odour, with which is combined the odour of ripe melon. The hydrate dissolves readily in water, and thirty grains of it dissolved in forty of water make up one fluid drachm of a saturated solution. It can be given in solution either by the mouth or by subcutaneous injection.

The idea that the hydrate of chloral is intended to supersede chloroform, bichlorite of methylene, ether, or the other volatile anæsthetics, as an agent for removing pain during the performance of surgical operations, is an error. Whatever may have been the hopes of the distinguished Liebriech himself on this point, when he originally thought of employing the agent, they have not been realised. Nor has the substance been put forward as the rival of the agents named for surgical anæsthesia. It is as the rival of opium that hydrate of chloral claims our consideration. Speaking simply of its effects on the body, and leaving out of view the theory of its action, and its supposed decomposition within the organism, we may state definitely that the hydrate when administered in an efficient dose (a drachm is not an immoderate dose for an adult) produces on men and on the inferior animals a kind of stupor or sleep, which may be made to extend over five, and even seven hours with comparative safety. The stupor is sometimes preceded by nausea, and in birds it is always preceded by vomiting. It is attended with great muscular prostration, and with decrease of animal temperature. During the period of stupor there is an interval of perfect insensibility to pain; but the interval is short, and for the greater part of the period the sensibility is either natural or *exalted*. This fact of the exaltation of sensibility, which was specially dwelt upon by the reporter at Exeter, has been confirmed by the researches of Demarquay, of Paris, whose paper was noticed in THE LANCET of last week. It is a fact as curious as it is important; and, indeed, the whole subject is one of singular interest. But, as we have already hinted, the first question to be made out in practice is: whether hydrate of chloral can be used for sustaining sleep in the same class of cases as those in which we now administer opium. To this question we would direct the attention of the profession, forewarning the prescriber at the same time that his experience, in a pecuniary sense, will at present have to be bought at the average cost of two shillings and sixpence per dose of the medicine.

DETECTION OF POISONS.

WE observe that a boy named Charles Grilt was the other day charged before the magistrates with the murder of a girl by poisoning. Some rambling statement, it appears, was made by the boy to the effect that he had given the girl poisoned wheat; but no poison was discovered. The prosecution adduced the authority of Dr. Taylor, as advanced in his work on Toxicology, to the effect that poison might have been administered, although no trace of it could be discovered by analysis. We quite concur in the remark of one of our contemporaries, that no doctrine could be more pernicious, considering the vast variety of symptoms of disease that simulate poisoning, together with the great improbability that a young boy would be able to possess himself of the active principles of any of the more recondite poisons which elude the search of the skilled analyst. We cannot but express our opinion, that such a case should never have been brought into court; and we learn that the magistrates very properly discharged the accused. When, as in Palmer's case, a multitude of circumstances lead to the belief that poison has been administered, and when

there is reason to believe that scientific knowledge has been employed to defeat inquiry, the discovery of the poison may be a matter of comparatively small moment, and conviction must rest on other grounds; but, as a general rule, no case should be brought into court in which the attempt to discover the poison has wholly failed.

OUT-PATIENT DEPARTMENTS IN HOSPITALS.

A CORRESPONDENT of the *Daily News* has written to complain that a consumptive young woman, on going for relief to the out-patient room of the Victoria Park Hospital for Diseases of the Chest, was kept waiting for five hours, and was able to obtain a seat during only twenty minutes of that time; and he points out with great justice that such treatment of an invalid must entail a great amount of suffering. We are sorry to say that this is no isolated case, and that other hospitals of high reputation treat their patients with the same want of consideration.

In face of the revelations we have lately had from the great City hospital, and of what we know of others, we again assert that the whole system of out-patient practice urgently calls for a radical revision. The combined attraction of a great name and of gratuitous relief, brings together vast numbers of patients, who receive treatment, in many cases, of questionable value; who are in the majority of instances in a position to pay a practitioner, and so ensure a careful investigation of their disease, without undergoing the exhausting ordeal complained of; and who, by assuming for the occasion the position and character of paupers, must suffer some measure of demoralisation. Who, we ask, is benefited by hospitals holding out inducements which swell the number of their patients to such an extent that the value of their relief is necessarily deteriorated? The hospitals are not, for the boast of an enormous *clientèle* is both empty and useless; not the students, for the very conditions render impossible any good clinical instruction; and certainly not struggling practitioners, for they are being gradually starved out, not only in the immediate neighbourhood of these hospitals, but, in these days of workmen's trains, in the suburbs of London for miles around.

THE DIFFICULTIES OF A PROVINCIAL SCHOOL.

WE regret to find that the medical school at Hull has become so reduced in funds as to appeal to the general public for support and for assistance towards the necessary repairs of the school buildings. Such an appeal, which has, we notice, been repudiated by more than one of the lecturers, has not unnaturally excited some unfavourable comments in the local press, and will, we fear, not tend to increase the prosperity of the school. Without in any way wishing to depreciate the claims of the provincial schools to patronage, we cannot help quoting the following pregnant sentences from an article in a Hull paper, which contain a great deal of out-spoken truth upon a somewhat delicate subject:—

"But it is said, 'the existence of a local school diminishes considerably the cost of medical education,' and no doubt it has enabled some men to get into the profession who otherwise could never have done so. This, again, is surely a doubtful advantage. Is a cheap article necessarily good?—rather the contrary, if proverbs are true. Is the medical profession a fitting sphere for an impecunious youth of meagre, neglected general education? Is it good for the individual himself to tempt and to aid the bottle-boy or the shoeblack to creep, after manifold 'pluckings,' into a calling altogether beyond his natural capacity and educational acquirements? Is it good for an honourable profession, or for the public, to elevate a quack druggist—a man who lives during his student's life by quack bills and quack pills, by counter practice on the unfortunate infants of the poor, and by clandestine midwifery, to the status of a medical practitioner? Will his examinations whitewash his Ethiop's skin, or his diploma rub out his leopard's spots, and eradicate the taints of nastiness and quackery? We doubt it altogether. It is easier to make such a one a medicine-man than to make him a gentle-man, which we maintain every medical practitioner *ought* to be."

We must confess that we have for long felt much of the doubt which our contemporary so racily expresses. It is quite true that an exceptional example of indomitable pluck and energy is occasionally found which surmounts all difficulties, and may even reach the highest pinnacle of success; but the exception only proves the rule. The druggist's assistant, who might have become a respectable shopkeeper, too often struggles through the form of a medical curriculum only to become anything but a reputable practitioner; and the number of broken-down qualified medical men who are only too happy to "stop a gap" when occasion offers, are not unfrequently the victims of a cheap school and a too lax system of medical diploma-giving.

We know that at this time of the year urgent appeals *ad misericordiam* are frequently made to the authorities of medical schools to reduce their fees in favour of some impecunious aspirant to medical honours, and these we fear are but too frequently yielded to. We would urge upon all managers of medical schools the duty they owe both to themselves and their professional brethren not to facilitate the entry of men of inferior education, except upon very good and well-ascertained grounds; since they may be sure that the temporary triumph of an increased entry will be more than counterbalanced by the trouble and annoyance which men of this stamp too often inflict upon all with whom they have to do.

A REMARKABLE OPERATION.

A CUTTING from an American paper gives us an account of a remarkable operation for umbilical hernia, in which the operator, Dr. G. D. Beebe, found it necessary to cut away between four and five feet of sphacelated small intestine. The patient fortunately recovered; and three weeks after the first operation the same surgeon proceeded to apply Dupuytren's enterotome, and succeeded in restoring the continuity of the intestine and eventually in closing the artificial anus. The case is deserving of note, as an encouragement to operate in even the most desperate cases, and also as showing that there is no object in postponing the operation for the cure of the artificial anus. Dr. Beebe certainly deserves great credit for his boldness and skill, though we fail on this side of the globe to appreciate the necessity for giving surgical details in a daily paper, and especially with the following "sensational" heading, occupying four separate lines of the boldest type:—

"A new Surgical Operation. The recent successful achievement of Dr. G. D. Beebe. The removal of nearly five feet of human intestine. How it was done"!

VACCINATION FEES IN CORNWALL.

WE read that at the last meeting of the Truro Board of Guardians, the Rev. C. W. Carlyon presiding, letters were read from two of the union surgeons, Mr. Harden, of St. Mawes, and Mr. Prynne, of Ruan Highlanes, in which each gentleman returned unsigned the vaccination contract which had been prepared according to instructions from the Board; and each required to be paid 2s. 6d. for every case, and also the shilling extra alleged to be sanctioned by Act of Parliament. It was evident that a large number—probably a majority—of the guardians were disposed to resist the increase demanded by the two surgeons; and a proposition to that effect, and also that the Board should advertise for a public vaccinator, was proposed and

seconded. The Chairman, however, remarked that while the increased cost consequent on compliance with the surgeons' demands would not amount to more than about £2 per annum, the increase resulting from the employment of a public vaccinator would be about £10 per annum; and probably such an appointment would not be sanctioned by the Poor-law Board. One or two guardians replied that they and their parishes would rather pay double to a public vaccinator than submit to the demands made by Messrs. Harden and Prynne. Eventually it was resolved that the clerk be requested to send a copy of the contract, with a statement of the circumstances of the case, to the Poor-law Board, in order to obtain its opinion.

We cannot but congratulate Messrs. Harden and Prynne on their determination to be paid as well as the law will allow. Perhaps we may expect this one good result from the silly "anti-vaccination" clamour, that the public will come to understand something of the importance of the operation, and of the just claim to a good fee of the practitioner who performs it properly.

THE CHARGES AGAINST DR. SLATER, OF ISLINGTON.

ELSEWHERE will be found a *résumé* of the evidence taken before Mr. Inspector Longley in reference to two charges brought against Dr. Slater, of Islington, and so far endorsed by the guardians that they suspended him in consequence. When Dr. Slater complained of the heavy work and wretched pay of the district medical officers of Islington, rather more than a year ago, he thereby brought down upon his head the displeasure of many members of the Board. Two more improper or more paltry charges were never made against a Poor-law medical officer. They are such as the most superficial examination ought to have set at rest. With regard to the first, we cannot but regret that the medical officer of the workhouse should have so hastily expressed his opinion of the non-existence of a fracture under circumstances involving great disadvantages as to the formation of a correct diagnosis, and apparently before he had completed the examination of the limb. Men have been known to hobble a much further distance with both bones broken, and surely there is no great wonder that a man with Pott's fracture could walk a mile. Moreover, Dr. Ede only examined the leg eight days after the accident, when some progress in the cure had no doubt been made; and the history of the case should at least have suggested caution in making a charge which must reflect so seriously on Dr. Slater's conduct. It is to be regretted that the patient, in the absence of Dr. Slater, was not seen by his substitute, Dr. Hay; but, so far as Dr. Slater is concerned, there can be no reflection either on his capacity or honour. With respect to the second case, we must protest most strongly against the course taken by the guardians. Had Dr. Slater been heard before the Board, or been allowed to produce witnesses in confirmation of the explanation he then offered, there could not have been the least excuse for suspension, or even further inquiry. The guardians appear to have acted solely upon the *ex-parte* statement of the pauper, and to have discredited Dr. Slater. Fortunately he has been able to bring forward unimpeachable witnesses in support of his explanation; and the charge, so far from doing him injury, will recoil upon the guardians.

It is sad to observe that, with a medical man as chairman of the Board, the medical officers of Islington appear to enjoy even less confidence than usual. Only a few weeks ago, Mr. Turner wrote to the guardians, hoping that they would see it right to make some rule with reference to paupers who were abusive to him; and we agree with the *Clerkenwell News* in thinking that his appeal should have received more serious and respectful attention at the hands of the guardians, and that it was just and reasonable that the Board should be asked "to consider how hard it was that any pauper was at liberty to insult the medical officer as he pleased, and that he had no remedy but to call in a policeman." It is indeed hard enough for an industrious medical man to be compelled to undertake such heavy duties for so small a remuneration, without being obliged to listen to the coarse jeers and imprecations, sometimes accompanied by threats of violence, from pauper malcontents. To be told to resign or call in a policeman is scarcely kind; and we hope that, for the future, at least more consideration will be shown for the medical officers in Islington, both as regards the representations made by them and the treatment they receive.

THE REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

THE melancholy death of the Lord Justice Clerk causes a vacancy on the judicial bench of Scotland, to which Lord Advocate Moncreiff has been raised; and this will throw open the representation in Parliament of the Universities of Glasgow and Aberdeen. It is to be hoped that the contest will rest on higher grounds than religious sectarianism. The Conservatives have brought forward Mr. Gordon, Q.C., who was defeated at the last election. Up to the present time no Liberal candidate has appeared in the field, nor have we heard of any member of the medical profession intending to contest the election. The most prudent course would be for the medical graduates to abstain for the present from pledging themselves.

SANITARY CONDITION OF MERTHYR TYDFIL.

IN Mr. Dyke the Merthyr Tydfil Board of Health has a very zealous and competent medical officer, as the annual reports prepared by him—the fourth of the series, relating to the year 1868, having just come to hand—abundantly testify. A hundred years ago Merthyr was a mere village; now it is the most populous town in Wales, its inhabitants being estimated to number 55,000; and it is, moreover, the seat of the largest iron works in the kingdom. Not many years ago it was one of the most unhealthy of our manufacturing or commercial towns; its death-rate for 1868 was 20 per 1000, which was 1 per 1000 lower than the rates of Bristol and Birmingham, 5 per 1000 below the London rate, and 11 per 1000 below the Manchester rate of the same year. In 1852, the proportion of young children who died was 527 in every 1000 of the total deaths; in 1868, the ratio was 441 per 1000. The diminished fatality of phthisis has coincided in a very marked degree with the progress of drainage, and the consequent drying of the subsoil; before any sanitary works were carried out, the mortality from this disease was 28·3 per 10,000 living; during successive stages of the execution of such works, the rate fell to 28 and 24; and now that the main sewerage is completed, and house drainage gradually going on, there has been a further reduction in the consumption mortality to 21·5 per 10,000 living. Just these few facts will be quite sufficient to show what a change has come over the conditions under which human life existed in this Welsh town half a century ago. If anybody is in want of a text upon which to hang a sermon enforcing the benefits which sanitary science has conferred, and is capable of conferring, upon mankind, we know of none more to the point than this instance of Merthyr Tydfil. And the force of the illustration to be drawn from the experience of this town is rather strengthened than weakened by the fact that a severe outbreak of typhus and enteric fever occurred in the latter months of 1868, in

two parts of the parish; because, as Mr. Dyke states, and as was found by Mr. J. N. Radcliffe on his official inspection (THE LANCET, vol. i. 1869, p. 498), it was just in those two localities that sanitary defects had not been remedied, the health of the four remaining parts of the parish showing progressive improvement. Mr. Dyke is clearly justified in believing that when Penydarren and Dowlais are as well found in sanitary provisions as the other four districts, they will cease to be amenable to the influences which rendered them so exceptionally unhealthy last year.

Into the points of law and practice involved in the application of the Sanitary Acts, which Mr. Dyke discusses at some length in respect of certain conflicts of opinion that have arisen among the local authorities at Merthyr Tydfil, it is unnecessary for us to enter, partly because we have already had occasion to notice them (THE LANCET, vol. ii. 1869, p. 19), and also because we have understood that Mr. Dyke was to have the opportunity of stating his views on the subject before the Royal Sanitary Commission.

ABORTION-MONGERS.

WE, in common with all respectable citizens, were exceedingly rejoiced that two villains convicted of having practised iniquitously upon the victim of one of them, with a view to procure abortion, should have received their richly-deserved sentence of penal servitude recently at the Old Bailey. Our satisfaction would have been complete had not Henry Timson, one of the pair, been described as "a surgeon"—a view which the learned Judge appeared to sanction when he said that "it should be known that no medical man carrying on the business in which he had been engaged would be allowed to escape without a terrible punishment whenever he was brought to justice and convicted." Now we have taken some pains to inquire into the right of Timson to dub himself "surgeon," and so far as we can learn, his claim to the title has no foundation in truth. The name of Henry Timson does not occur in the Medical Register, nor is it to be found in the Medical Directory or in the Calendar of the College of Surgeons of England. We may conclude, then, that this convict had no right to any professional title, and the probability is that he never received any medical education whatever. It would be satisfactory the were officers of justice to take the trouble to refer to the authorised Medical Register before accepting the claim of every ignorant quack to the honourable titles of the profession; and we may mention, for the benefit of the police-courts, that there is also now an authorised annual list of medical students, by reference to which the magistrate might distinguish the rowdies who occasionally claim the title from the real Simon Pures.

THE QUEEN'S FARM LUNATIC ASYLUM, JERSEY.

No mention seems to be made of this asylum in the Lunacy Commissioners' Report; but if the treatment of a gentleman named Browning be a fair specimen of that usually adopted in cases of acute mania, it is evident there is no place where the visit of a Commissioner is more required. This unfortunate gentleman was apparently seized with acute meningitis. For some days he was permitted to range the town, raving of his enormous wealth and intended speculations. He was then admitted to the Queen's Farm Asylum, on the 7th ult., as a first-class patient, and died suddenly two days afterwards. The evening before his death he was visited by Drs. Blood and Dickson. They arrived at eight o'clock, and asked to see the medical superintendent. They were told he was absent on leave. They then inquired for the superintendent steward in charge, and were told that he also was absent. They then asked for the head warder or nurse, and were informed that he was absent in the pursuit of a runaway lunatic. They then said they came to visit Mr. Browning, and were told that he was much better, that he had drunk three cups of tea, and eaten two pieces of bread, and was going off to sleep. They were conducted to a cell where they saw Mr. Browning in bed. His hands were tied behind him so tightly that marks of the ligatures were found after death, and the bedclothes were so tied down that the patient could not rise. He was "packed" in a wet sheet, and covered with blankets, which is described as a sort of mild punishment for refractory lunatics. The attendant explained that he was so restrained to prevent him from injuring his hands against the walls. The nurse seems to have acted on his own responsibility, and the restraint was used because the only padded room in the establishment was already occupied. It also appeared at the inquest that there were fifty-nine inmates admitted to the asylum, without anyone apparently being responsible for their detention.

This dreadful picture needs no comment. The total absence of organisation, of sufficient appliances, and of skilled help, is surely peculiar to this remarkable institution. We trust that the attention of the Lunacy Commissioners has been drawn to the treatment of this unfortunate gentleman, and that an official visit and inquiry will not be long delayed.

PREVALENCE OF SCARLET FEVER.

THE medical officers of health in the metropolis have very generally drawn attention to the alarming prevalence of scarlatina. In Bermondsey there have been eighteen deaths in a fortnight; and in Holborn the mortality is greater than it has been for ten years. There have been several deaths in Eagle-street, Red Lion-square,—due, possibly, to effluvia from a slaughterhouse in Yorkshire-yard. It is also believed that the contagion is largely propagated in the out-patient room of the Children's Hospital, Great Ormond-street. Children, some of them no doubt labouring under scarlatina, are brought to this hospital from all parts of the metropolis, and in the close waiting-room the contagion is readily communicated. The hospital thus becomes a focus of disease, and the children in the immediate neighbourhood are the greatest sufferers. We would seriously urge the Privy Council to make inquiries as to the prevalence and propagation of this fatal disorder; and they could scarcely render the public a greater service than by the issue of definite instructions for its prevention and general treatment in the dwellings of the poor.

THE HARTLEPOOL WELL WATERS.

SOME nine weeks ago we commented on certain facts which had been brought under our notice in reference to the use of polluted well-water in West Hartlepool, and we took occasion to point out what, in our opinion, the legal powers of the local authority permitted to be done towards putting a stop to the continued use of such water. We learn from the *South Durham Mercury* that the Improvement Commissioners of West Hartlepool, while fully accepting our views as to their legal obligations, have experienced very considerable difficulty about the practical application of them. The impression we gathered from the statement upon which our former comment was founded was, that a supply of water could be furnished by the Water Company "at a rate not exceeding twopence per week"—the limit prescribed by the Public Health Act—to the houses at present using the objectionable well waters; but it turns out that according to the Company's scale of charges the class of houses which would pay at that rate would be rented at

£5, of which class there are very few instances to be met with in Hartlepool.

From what took place at the meeting of the Commissioners last week we gather that the Company would not be unwilling to make some slight modification so as to serve houses of the rental of £3 to £10 a year at the rate of twopence per week, but as it said that most of the houses in the neighbourhood of the contaminated wells range from £10 to £20 rental, it must be admitted that the law in its present form does not provide an effective remedy, such as the Hartlepool Commissioners desiderate.

The Commissioners wrote to the Local Government Act Office, inquiring whether it would be practicable by any bye-laws to prevent, not only the use of the existing wells, but the sinking of others for the future. The reply was, that "neither by the general Act nor by bye-law is any power granted to local boards to close existing sources of water-supply, however polluted, or to prohibit the sinking of wells in a sewage-charged subsoil." Taking this as an authoritative dictum, it is clear that the sooner the Sanitary Commission provides us with a code free from the ever-recurring obstructions to thorough and efficient sanitary work which at present exist, the better it will be for the national health in every respect.

THE PERILS OF FASHION.

WE are indebted to a lady correspondent for the correction of a mistake, or rather an omission, in our recent article on Tight-lacing. In ascribing the ungainly, feeble, and tottering walk of our modern fine ladies and their middle-class imitators to the decrepitude induced by tight-lacing, we omitted to mention another fashionable folly which assists in the production of this evil, and has also other sins of its own to answer for. The custom of wearing high boot-heels, and those too so much smaller than the actual heel of the wearer as to afford no solid support, but only a balancing-point, is a source of much mischief. In the first place, it throws the centre of gravity of the body so far forward that a free and gracefully erect carriage is impossible. Secondly, there being no firm support to the heel, ladies are very apt to twist the ankle suddenly by over-balancing themselves; and this is not only bad in itself, but the fear of its occurrence makes them assume a timid, mincing gait. And, thirdly, the effect of driving the foot constantly forward into the toe of the boot is to produce a very ugly and painful distortion of the great toe joint.

There is little need for wonder at the almost fierce contempt with which young men whose characters are at all above the lowest grades of conventional inanity regard the average "girl of the period." It cannot be denied that there is a significant correspondence between the æsthetic hideousness and the degrading effects on physical health which are produced by tight stays and crippling boots, and a certain mental and moral tone in female society of the present day, which is no less surprising than it is repulsive. The whole dress and carriage of our fashionable women, for several years past, has been modeling itself, with less and less concealment, upon the ideal furnished by Parisian *lorettes* of the consumptive Traviata type. It is not our business to set up as moral censors. But we may be excused if, for once in a way, we find it impossible to ignore the logical though repulsive consistency of the *grandes dames* and citizenesses who are willing to spoil their lungs and their digestions, and endanger their chances of happy maternity, for the sake of a wasp waist; to talk slang closely verging on indecency, for the sake of the tenth part of a chance of catching a husband; and to simper and leer at the indecencies of a *Grande Duchesse de Gerolstein*, in order to escape the dreaded imputation of a deficiency in *chic*.

CHOLERA IN INDIA.

THE regularity with which epidemic cholera appears season after season in India, is truly lamentable; not only on account of the mortality occasioned by this scourge—and this is terrible,—but because every outbreak of cholera is likewise the indirect source of much sickness, often of death itself, and always of the gravest discomfort, to the troops among whom it appears. The apprehension and anxiety, the hurried movements to cholera camps, the exposure to the effects of an Indian sun, and the occupation of tents at such seasons, are so many causes of physical and mental distress to those who fortunately escape attack.

Up to the latest intelligence, the sickness and mortality resulting from cholera among the British troops in Bengal, during the present season, have amounted to 501 cases of cholera and choleraic diarrhœa, with 307 deaths. The disease has spread over a vast extent of territory, and is generally of a virulent character. It appears to have commenced at Allahabad, where it still continues. The 58th Regiment, during the epidemic, have had 103 attacked, and 76 deaths. The disease exists to a greater or less extent at Lucknow, Fyzabad, Jubbulpore, Nowgong, Saugor, Cawnpore, Dinapore, Subathoo, Mooltan, Sealkote, Agra, Benares, Jhansie, and Seepre. The 62nd Regiment, at Lucknow, has had 65 cases, and 42 deaths; and the 7th, 25th, and 103rd Regiments and Royal Artillery at different stations in the presidency, have also suffered to some extent. According to the *Delhi Gazette*, cholera was prevailing in the fortress of Gwalior, and over nearly the whole town of Umritsur, where it was carrying off between 70 and 100 victims daily. Those who know India well will recognise, among the list of places we have enumerated, many possessing a bad reputation for unhealthiness. The sanitary measures required in India are so numerous and important that they will involve an enormous outlay of money and a considerable lapse of time before they can be executed; but there is one subject which seems to us of paramount importance, and it is the water-supply. If we are to believe the results of chemical analyses, pure water is a rarity in India, it being generally contaminated with the products of organic decomposition of some kind.

THE MEDICAL SOCIETIES.

THE first meetings of the principal medical societies during the session 1869–70, will be as follow:—The Obstetrical will meet on Wednesday, the 6th, and the Clinical on Friday, the 8th, of October,—that is next week. The Medical Society follows on Monday, the 18th, and the Pathological on Tuesday, the 19th of October. The Epidemiological and the Medico-Chirurgical will not meet till November, the former on the 10th, the latter on the 9th. A special meeting of the Pathological is about to be summoned for Friday, the 15th of October, to consider the question of the amalgamation of the medical societies.

THE MEDICAL SESSION AT NETLEY.

THE medical session at the Army Medical School opened on the 1st inst. The introductory address on the occasion was delivered by Professor Aitken. No examinations having been held during the past year of medical candidates for her Majesty's British service, in consequence of the requirements of that service having been already supplied, arrangements have been made for the attendance of a number of medical officers at the special course of instruction afforded at the Netley school. The course is, we are glad to say, popular with medical officers, and the authorities have no lack of applicants. There are at present ten surgeons

and fifteen assistant-surgeons attending the school, in addition to the thirty-nine candidates for her Majesty's Indian Medical Service. The practical and special information which is afforded at Netley is most useful to medical officers who have spent some time abroad, where they have had, probably, few opportunities of cultivating medical or sanitary science; and a very short tour of duty in the service suffices to make the advantages of extended knowledge apparent to them. We consider it creditable to the Department that so many of its members should display a desire to reap the advantages which Netley undoubtedly affords them.

CHOLERA IN PERSIA.

THE latest accounts which we have received report that cholera still continues to be prevalent in Persia. It is not now confined to Teheran, but is prevailing in other parts of the country as well. We learn that the French Government is inquiring into the measures adopted by Russia to prevent the spread of cholera into her European provinces, and to prevent, if possible, its introduction into Europe by means of her territories in Asia.

THE ARMY MEDICAL DEPARTMENT.

ONE of our military contemporaries must have, we imagine, created some little apprehension by the announcement that the rumours of reductions in the above department had at last assumed a definite shape, and that it was confidently stated that no less than eighty officers of all ranks, including one inspector-general, would be shortly placed on half pay. From inquiries which we have instituted, however, we have every reason for believing that the rumour in question, notwithstanding its definite shape, is without foundation.

A BATHING HINT.

WHY do not those who manage the bathing at our seaside watering-places follow the good example which is set them at Biarritz and other French stations, in providing a little hot water for the feet of the bathers when they come in to dress? By this simple expedient an extraordinary amount of comfort is caused, and persons are enabled to enjoy the luxury of a sea-bath who must otherwise avoid it on account of the chilliness and tendency to take cold experienced after it.

GREENWICH HOSPITAL.

THE disestablishment of this once noble and proud naval institution rattles on apace. At present there are under fifty old pensioners left, men without friends to receive them, and incapable of undergoing removal to the Naval Hospital. Much as we regret to find one of our great lions of the metropolis thus vacated, we think that its career of utility to the seamen of the country is far from being ended. And we doubt not that, as soon as the infirmary shall have been abandoned by the pensioners, the mercantile interest of the City of London will have sufficient influence to obtain it for the future home of the *Dreadnought* Hospital, which opens its wards to all maritime people.

ROYAL MARINE ARTILLERY AT PORTSMOUTH.

DR. ANDREW GRAHAM, staff-surgeon, having requested to be relieved of his appointment in this distinguished corps, the Admiralty have been pleased to appoint Dr. James Jenkins, C.B., to the vacancy.

This appointment does credit to the Medical Director-General, as Dr. Jenkins's service claims are *sui generis*, and have been marked by the decoration of the Companionship of the Military Division of the Order of the Bath, which no other officer of his rank in the Navy has had awarded to him. These services were rendered as a surgeon of the Naval Brigade before Sebastopol, and as staff-surgeon of our hospital ships in China in the last war.

Dr. Jenkins was lately deprived of his appointment as Surgeon of the Royal Marines at Plymouth by abolition of the office, and we consider this a graceful recognition of the merits of an officer who, according to the general opinion of the Navy, earned fairly ten years since his promotion to the rank of Deputy Inspector-General.

TESTIMONIAL TO DR. MILSOME.

WE learn from the *Surrey Advertiser* that the inhabitants of Chertsey, to the number of 384, have subscribed to present a timepiece to Dr. Milsome, on the occasion of his wedding. The gift was accompanied by a book recording the names of the subscribers; and the presentation took place in the Town Hall at Chertsey. The vicar presided; and the timepiece was handed to Dr. Milsome by a lady who is described as the "oldest inhabitant." It is very gratifying to record such evidences of popular appreciation of earnest professional work.

IT is rumoured that a number of St. Bartholomew's men, by way of protesting against the omission of their usual introductory address at their own hospital, intend going in a body to be present at the corresponding ceremony at Guy's.

MR. G. F. MUNTZ, of Umberslade Hall, near Birmingham, has sent to Dr. Fleming, the senior physician to the Queen's Hospital, a cheque for £500, as a donation to the Working Men's Fund now being raised for the enlargement of the hospital. Mr. Muntz has satisfied himself, by a visit to the hospital, that its usefulness will be increased if the changes proposed by the working men are carried into effect.

WE understand that Dr. John Rose has retired from the position of house-surgeon to the Kidderminster Infirmary, which he has so long and so efficiently occupied. In accepting his resignation, the Managing Committee passed a resolution heartily thanking Dr. Rose for his valuable services, as well as for the unvarying interest he has always manifested in the general welfare of the Infirmary.

THAT indefatigable worker in medical and physiological science, Dr. Richardson, F.R.S., will commence his course of lectures on experimental and practical medicine on Tuesday next, at 5 P.M. The subject of the first lecture will be, Methylal and Chloral. Dr. Richardson has devoted a considerable amount of time and labour to the investigation of his subject; and his lectures, containing as they usually do some original or suggestive observations, are always of interest to members of our profession.

IN the large Lambeth parish, Dr. Puckle, medical officer of health, states that there has not been during the last six weeks a single case of either small-pox, typhus, or typhoid fever.

ON the 24th inst., at a board of which Deputy Inspector-General Dr. Alex. G. Mackay was president, the following naval assistant-surgeons passed their examinations for the rank of surgeon:—William Inman, now employed at Greenwich Hospital; seniority, June, 1861. Jas. A. Allan, M.D., now employed at Haulbowline Hospital; seniority, Oct. 1861. Henry N. M. Sedgwick, lately paid off from H.M.S. Octavia

seniority, Dec. 1863. John N. Stone, employed in H.M.S. *Excellent*; seniority, July, 1865. Mr. Sedgwick, we are informed, will receive his promotion forthwith, for services rendered in the Abyssinian expedition, having accompanied the Naval Brigade to Magdala. He will be the only medical officer of the commodore's ship, the *Octavia*, to receive recognition of war services, unless the claims of Mr. Shaw, her surgeon, receive due consideration.

IT is rumoured that Dr. Lyon Playfair is a candidate for the Mastership of the Mint, vacant by the death of Mr. Graham. In the event of his succeeding to the appointment there would, of course, be a vacancy in the representation of the Universities of Edinburgh and St. Andrews.

THE guardians of the Holbeach Union, at their last meeting, unanimously joined in a letter of condolence to the widow of their late respected medical officer for the Long Sutton district, Mr. Henry Ewen, F.R.C.S., whose death has recently occurred; and they have taken occasion to express their appreciation of Mr. Ewen's services during the long period of forty years.

THE continued and increasing prevalence of disease among cattle has had the effect of stimulating the endeavour to prevent fresh importations of infected animals. The whole of the sheep which arrived in London on Sunday and Monday for Monday's market were seized on account of disease.

AT a weekly meeting of the guardians of the poor of the parish of St. Pancras, it was resolved unanimously—"That, our attention having been called to the death of Dr. Gibson, we desire to express our sympathy and condolence with the friends of the deceased gentleman at so sad and irreparable a loss of so great and good a man."

THE Provost and Senior Fellows of Trinity College have, we understand, handed over the sum of £10 to the governors of Sir Patrick Dun's Hospital, to be applied as they may consider best in connexion with the army midwives now training in that institution. It is believed that the governors intend to use the money in prizes to be given away among the nurses at the next examination for their diploma in midwifery.

AT the last meeting of the Liverpool Health Committee, Dr. Trench drew attention to the existence of scarlatina as an epidemic in the borough, and to the indifference shown by the people to the important matter of disinfection of clothing, bedding, &c., that had been in contact with the diseased. The disinfecting apparatus provided by the Corporation does not appear to be at all generally used.

IT is understood that the works for reducing the depth, purifying, and otherwise improving the Serpentine, are to be proceeded with at once, the anticipation being that they will be completed by the ensuing spring.

A COSTLY WRITING-DESK, elaborately fitted, was recently presented to Mr. James Rolph, M.R.C.S., by the Foresters of Court 1410, as a mark of respect—as an inscription stated, for his valuable services during nineteen years as their medical officer.

LONDON HOSPITAL.—At a special general Court of Governors held on Tuesday last, Jeremiah M'Carthy, M.R.C.S. Eng., and Henry Albert Reeves, M.R.C.S. Eng., were appointed assistant-surgeons, vice John Couper, M.D. Glasg., F.R.C.S. Eng., promoted, and Louis Stromeyer Little, F.R.C.S. Eng., resigned.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

THE thirteenth annual congress of the above Association commenced its sittings in Bristol, on Wednesday, under the presidency of Sir Stafford Northcote, Bart., M.P. Several important subjects of great interest to the medical profession are set down for discussion. Amongst those relating to health are:—Whether Government can beneficially further interfere to limit the spread of infectious diseases? What legislative measures might be proposed to deal with cases of uncontrollable drunkenness? and, Whether the Contagious Diseases Act should be extended to the civil population? We hear, also, that the question of total abstinence from alcoholic beverages is to be discussed from a purely scientific point of view. The improvement in the Poor Law is to receive consideration, and Dr. Stallard will bring under the notice of the Congress the treatment of pauper lunatics.

On Wednesday evening, the Congress was formally opened by the address of the President, who stated that the great English problem is at this moment how to make the best use of Parliamentary government. He observed that the people must be taught to support and co-operate with the Government, whose intervention, however, was more necessary now than in former times, the social questions assuming such large dimensions that they cannot be adequately dealt with without a central administrative machinery.

In reviewing the proposed programme, Sir Stafford Northcote said, on the subject of public health, that there never was a time when State assistance of the right kind was more needed. Health is a kind of wealth that we have not husbanded as we ought. Combined action is wanted to secure to the great masses of our population the first conditions of a sound sanitary state, to check the propagation of infectious disorders, to prevent overcrowding in dwelling-houses, to provide an adequate supply of pure and wholesome water, and otherwise to bring all the forces of civilisation into play, in order to counteract the evils which civilisation brings in its train. He thought the time at hand when three new ministries must be created,—a Ministry of Health, of Education, and of Justice. This, however (observed the President), was a day of Royal Commissions, and that on State Medicine was considering the consolidation of our very complicated sanitary laws, and the completion of our sanitary organisation. He seemed to think it difficult to assign a limit to the demands which the State might with advantage make upon the time and intelligence of a civil medical service; and when we have such a service, it will be a question how to turn it to the best account. Local organisations would also be required, and he observed that few greater advantages could be conferred on England than a well-considered framework of local self-government, charged with the administration of justice, health, education, charitable trusts, and so forth, subject to due control by the central power.

ST. BARTHOLOMEW'S HOSPITAL AND DR. MAYO.

WE understand that the senior students of St. Bartholomew's will hold a meeting at the "Albion," in Aldersgate-street, this afternoon (Oct. 1st), at which the following resolutions will be brought forward:—

"1. That this meeting desires to express its regret that the hospital staff have decided to omit the customary inaugural address and welcome to the new students; and that by this omission an unnecessary stigma has been cast upon the reputation of the Medical School of St. Bartholomew's Hospital.

"2. That this meeting desires to express also its unqualified dissent from, and disapprobation of, the course of action taken by Mr. White and the House Committee in dismissing Dr. Mayo from office for complaining of the insufficiency

of the junior staff, and the consequent maltreatment of the out-patients; and condemns the endeavour to silence by such means a straightforward and manly protest in a public cause. It wishes also to testify its hearty sympathy with, and tender its best thanks to, Dr. Mayo, unsupported as he has been by any expression of opinion on the part of the Medical Council.

"3. That this meeting believes that the defects in the present administration of the endowments of St. Bartholomew's Hospital call for Parliamentary inquiry and permanent Government supervision in the interests of the public.

"4. That the present system of electing officers to the staff is not calculated to secure such clinical teachers as the pre-eminent opportunities of the hospital demand.

"5. That the best thanks of this meeting are due to the public press for the manner in which they are seconding the efforts now being made to further the cause of hospital reform."

We congratulate the St. Bartholomew's men on the dignified position they assume, and feel no doubt that their meeting will be fruitful in important results.

THE TREATMENT OF THE SICK POOR IN ST. PANCRAS WORKHOUSE.

FOR some months past a very violent dispute has raged amongst the guardians of St. Pancras relative to the propriety of the erection of the new infirmary at Highgate, and the general treatment of the sick poor in the workhouse. This dispute culminated in a charge being made against Dr. Harley (who was appointed temporarily in the place of the late Dr. Gibson), that, acting under the instructions of the guardians, he had improperly discharged patients before they were fit or cured, and had been placed there for the purpose of clearing the infirmary, and demonstrating the sufficiency of the workhouse accommodation.

This question was brought before the Poor-law Board by a Report from Dr. Markham, and by depositions taken in the case of Mary Allen, who was alleged to have been improperly discharged. A lengthened inquiry, in consequence, took place under Mr. Bere, Q.C., whose Report was presented to the guardians, with a letter from the Poor-law Board, on Monday last.

The charges against Dr. Harley were twofold: one of a general character, in which he was alleged to have taken the position of temporary medical officer for the purpose of carrying out a preconceived intention of turning out of the infirmary many of its then inmates; and one of a particular character, in which he was charged with having carried out this intention improperly in four particular cases.

Mr. Bere observes: "The first charge was the one which, as I have remarked, implicated some of the guardians, who were represented to have obtained the appointment for Dr. Harley in order that their views of the management of the infirmary, which agreed with his own intentions, might be carried out."

As regards the guardians, Mr. Bere reports "that from the evidence placed before him there was no real foundation for the representations made against the guardians."

And as respects Mr. Harley, the Poor-law Board concur with Mr. Bere in acquitting him of having been actuated by improper motives, and consider that the anxiety shown, in the opinion of Mr. Bere, to have been displayed by Dr. Harley to lessen the numbers in the infirmary was due to the strong opinions which he avowedly held on the subject of infirmary management, and to his strong, though not corrupt or unworthy desire, to carry his opinions into practice. They add that this anxiety to prove the possibility and propriety of a reduction of numbers in the infirmary appears throughout the evidence; but the Board repeat that they do not consider that, apart from the question of the soundness of his views, this anxiety left any imputation on his character.

New Inventions.

"THE MAMMA" INFANT'S FEEDING BOTTLE.

THIS is the best infant's feeding bottle we have seen. The main points to be looked to in selecting a bottle, as every intelligent nurse well knows, are simplicity of construction and of action, and facility for cleansing. All chinks, crevices, and corners in feeding bottles are so many holes and corners for the collection of minute portions of milk; these decompose, and irritative diarrhœa is induced. The present invention strikes us as a good one. The stopper is supplied with an ingenious and effective valve, like that of the mitral of the heart, which allows the air to enter easily, but prevents the fluid from getting out. The opposite extremity has an india-rubber cap, shaped like a breast, with a glass tube passing from the lower part of

the interior of the bottle, to the nipple. This cap is fixed by an india-rubber band, and it can be removed, inverted, and washed, while the bottle admits of being thoroughly cleansed at the same time. Having satisfied ourselves on these points, we obtained the opinion of some mothers, and their verdict was also a favourable one. It is to be obtained of J. Perrott (patentee), 35c, King-street, Cheapside, London, E.C.

TIGHT-LACING.—Dr. Lankester held an inquest at Camden Town on Friday on the body of Clara Smart, aged nineteen, who had dropped down dead in the street. She was very tightly laced, and the medical evidence showed that death was the result of effusion of blood on the brain, caused by fatty degeneration of the heart, accelerated by compression of the chest, induced by tight lacing. The jury returned a verdict in accordance with this evidence.

Correspondence.

"Audi alteram partem."

MUSCULAR ACTION IN ROWING.

To the Editor of THE LANCET.

SIR,—The late contest on the Thames for pre-eminence in the power of propelling a boat from Putney to Mortlake, which resulted in favour of the Oxford graduates, has brought the subject of rowing prominently before the public. Although I did not witness the contest, I can bear testimony, from personal observation, to the skill and endurance that marked the training exertions of both the American and English gentlemen.

It may be interesting to some of your readers, whether professional or aquatic, and given to rowing exercise, to trace the various muscular actions of the body by which the act is accomplished.

I propose to analyse these actions, and to refer each movement to the especial agents that effect them. I am the more inclined to this, inasmuch as some errors prevail among rowing men as to the order, and even to the locality, of the muscles really engaged in the operation. It would perhaps be somewhat surprising were it otherwise, for even among professional men no branch of physiological knowledge is so little cultivated as that which relates to the action of muscles.

Presuming the rower to occupy his seat, and sitting upright, the handle of the oar being held or grasped by both hands, the first action is a compound one, and consists of two movements—first, of the trunk or body, and, secondly, of the entire upper extremity on the trunk: i.e., the body is drawn forwards to an angle of about 45°, allowing for the slight curvature of the spine, at the same instant that the arms are extended forwards to their fullest range in the same direction. The second action may be said to be simple or compound, in accordance with different systems or styles adopted by different authorities. It consists in the recovery of the trunk to the vertical position synchronously with, or to be immediately followed by, the retraction of the shoulder and the flexion of the arm at the elbow-joint. A supplementary action, consisting of rapid extension of the wrist, by the three extensors, for the purpose of feathering the oar, completes the movements engaged in the act of rowing so far as regards the trunk and upper extremities. At the moment which commences these movements, the muscles of the abdomen are brought into action, but for no other purpose than to steady the contents of the cavity—a function they perform on every occasion of shock to the trunk, whether present or immediately prospective. They cannot influence the position of the trunk itself in its relation to the lower extremities. The body is drawn forwards by the psoas and iliacus muscles, at least two-thirds of the exerted power being seated in the psoas magnus. When we consider that the full action of these two muscles is sufficient to raise the trunk from the horizontal, or lying, to the upright, or sitting posture, the power required to draw the trunk forward from the vertical or upright position is very slight. To this movement, in a secondary degree, the sartorius and tensor fasciæ muscles of the thigh contribute some slight power. Synchronously with this action is the extension of the arms to their fullest length, by the combined action of the serratus magnus, by which the scapula is drawn forwards from its position at rest on the back to the side of the trunk, with the pectoralis minor; the forearm is extended by the well-known action of the triceps and its small coadjutor the anconeus. The hands are slightly elevated, and the blade of the oar is lowered into the water.

All the above movements are made preparatory to those by which the boat is propelled, the major action of the whole circle. This is either simple or compound, or rather it consists of two movements that may be either simultaneous or consecutive. It is effected by the drawing back of the trunk, by the retraction of the scapulæ or shoulders, and by the flexion of the arms.

The first of these movements is generally referred to the muscles of the back. But this is an error. The muscles of the back, under the general name of erector spinæ, act upon a nearly inflexible pillar, and nothing more. The sum of their action cannot exceed in its range a greater length than from one to two inches, while the trunk has to move through a space equal to 45°, or the one-eighth of a circle. We must look, therefore, to other agency, to the influence of some enormous muscular power, that can directly influence the relations between the trunk and the lower extremities, and operate in drawing backwards the entire trunk from an angle of 45° to an angle of 90°, of restoring the body to its upright position, and something beyond it. This can only be effected by the great muscles of the buttock, attached between the trunk and the thigh, which sweep round between the back of the os innominatum of the pelvis and the thigh-bone, thus involving the hip-joint, or centre of motion, upon which the trunk glides. The great muscle of the rower is the gluteus maximus, by the agency of which the trunk is drawn backwards in the act of rowing, or is thrust vertically upwards, as in the act of rising from a chair. The Oxford principle or practice in rowing, whichever it may be termed, involves the primary actions of these two muscles as the great and prominent feature of the art. When they affirm that they row with the back, they in reality row with the buttock, or great glutei muscles, as indeed do all persons engaged in the art of rowing,—if it be an art. The second, and with some authorities the simultaneous, movement consists in the whole arm being drawn backwards with the shoulder. The scapulæ are replaced on the dorsal aspect of the trunk by the following muscles: the trapezius, latissimus dorsi, rhomboidei, aided in some degree by the pectoralis major. When the glutei have restored the trunk to the vertical position, and a little beyond it, the work is taken up by the flexors of the arm at the elbow-joints. These muscles are the biceps and brachialis anticus, which bend the elbow-joint to somewhat less than a right angle. As regards the relation of the elbow-joint to the side, I consider that greater freedom of action of the arm is obtained by the elbow being drawn slightly outwards from the body, than by being retained in close proximity to it. The handle of the oar is held in pronation of the forearm, and both pronation and rapid and powerful flexion of the forearm are facilitated by a slight elevation of the elbow-joint from the body.

The prominent and distinctive feature of the Oxford system consists, I believe, in this, that the action of the glutei, in drawing the trunk backwards to something beyond the vertical line, is nearly exhausted before the agents of flexion of the forearm commence their work. The Oxford authorities consider that they row with their trunk, while others more prominently row with their arms. In truth, the muscular systems of both trunk and arms are indispensable in all cases, the only distinction being that in the case of Oxford oarsmen the greater part of the retraction of the trunk, by the action of the glutei, is accomplished with rigid unbent arms, while in other cases the retractors of the shoulder and the flexors of the forearm act somewhat more in unison, or rather, they share the time occupied in the former action.

Without expressing a very positive opinion on the relative excellence of the two styles of rowing, I am inclined to think that some advantage is obtainable from the two actions being rendered consecutive, inasmuch as the superior power of the retractors of the trunk, on which the great effort in rowing depends, should be exerted singly without the physical strength of the system being hampered by two actions at the same moment of time; for although it may appear obvious that time would be saved by their concurrent or synchronous contraction, yet I do not think the glutei would contract with that force and freedom of action which they would command if they acted singly and alone. How far this practice of the Oxford school is the product of instinct, or how far of education, I do not presume to decide.

An important adjuvant of good rowing is seated in the lower extremities, the muscles of which are brought into strong action. But to suppose that the muscles of the thigh and leg play a very prominent part in the act of rowing, as taught by the Oxford authorities, is a physiological error. A few words of explanation will, I think, render this statement clear. It will be observed from the description given

above of the influence exercised by the various muscles whose actions have been described, that the result of their contraction one and all is to approximate their extremities in a ratio with their form and magnitude generally to the extent of about 45°. The trunk is drawn backwards, and the arm is bent to nearly or to quite that extent. Now, the muscles of the lower extremities are attached between two points, which are all but motionless—the pelvis above and the foot below; the former being fixed on the seat, the latter strapped down to the stretcher or foot-board. The functions of these muscles can only be called forth when the limbs are freely subject to their influence in the acts of flexion and extension. In the act of bringing the body forward the extensor muscles of the knees—viz., the quadriceps, as well as those which constitute the calves of the legs, are slightly relaxed, and the knees bend a little outwards in the same slight proportion. Concurrently with the action of the glutei, the muscles both of the thigh and leg are brought into powerful contraction, for the double purpose of forming the leg into a firm inflexible pillar and pressing the foot immovably against the foot-board, forming, as it were, a fulcrum by which the body is enabled to retain its exact position on its seat during the powerful action of the glutei. Without this pillar the glutei would lose half their force. The sense of fatigue, the aching pain of the lower extremities, that follows active undisciplined rowing, is not evidence that these muscles, though indispensable to the exercise, play in it more than a secondary part.

Several small muscles, and those of minor importance, are engaged in all the above movements.

I am, Sir, your obedient servant,

Mount-street, Sept. 21st, 1869. F. C. SKEY, C.B.

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your last issue you imply that there exists some deeper cause for the discontent and angry attitude of the students of St. Bartholomew's Hospital than the antagonism of the non-professional executive, or the dismissal of Dr. Mayo. You do so with great reason, and are evidently well informed.

My acquaintance with this hospital extends over a period of more than ten years, and I am in a position to judge very accurately of the opinions of the students. With the desire to lay this question fairly before your readers, and to do what justice is due to the offending executive at present charged in the public eye with the whole blame of this disaffection, I wish to state that in no small degree it is attributable to the professional staff, although some recent arbitrary and, perhaps, unjust measures have opened it a vent in another direction. The following complaints are freely current among old and present pupils: That the staff have long exhibited an unworthy servility towards the administrating body of the hospital, and so have allowed it gradually to assume a position of inordinate influence; that by their silence and apparent indifference, they give their countenance to all the abuses of the hospital practice, and leave it to the students to initiate every desirable reform and innovation, and then carry them out, but very tardily; that had they made themselves acquainted with the working of the various departments of the hospital and exercised their just influence on the governing body, there could have existed no cause for the protests of the house-physicians, house-surgeons, and dressers, and the scandal caused by Dr. Mayo's dismissal and pamphlet would have been averted; and last, but not least, that in spite of the high fees they pay for instruction, for dresserships and house-surgeoncies, the students receive but little assistance in their studies, and are not provided with any organised system of clinical instruction. Hence the singularity of a St. Bartholomew's name in the London University pass-lists.

Let me add, with regard to the pupils, that the feelings they entertain towards their teachers are those of respect and affection; for their shortcomings cannot cancel the influence of their uniform courtesy and high personal qualities. And with reference to the relations existing between the executive body and the professional staff, it would be difficult to point out any instance in which the clearly and persistently expressed wishes of the latter have not been liberally responded to.

FAIRPLAY.

To the Editor of THE LANCET.

SIR,—One of the nurses in Faith ward, St. Bartholomew's Hospital, a few months ago, was attacked with typhus, and had a very narrow escape with her life. She was a rather stout and heavy woman of forty-four, and was a very unpromising case. It may interest your readers to know in what sort of a sleeping apartment this nurse lived, and still lives.

This elegant and commodious dormitory for one is situated under the stairs leading to the ward above. Its length is 7 ft. 6 in., and its breath 6 ft. 8 in., while its height varies on account of the stairs from 9 ft. to about 4 ft. Its cubic contents, according to my reckoning, is 370 ft. There is no window nor chimney, but there are panes of ground glass towards the staircase, one of which opens, and the staircase windows are about 20 ft. distant. There is also a glass door opening into the ward. Any inconvenience that might arise from the peculiarities of this apartment is doubtless mitigated by the fact that the sleeper occupies it only two nights out of three, it being her turn to be up on duty every third night. The remuneration for these duties, and the risks attendant upon them, is partial board, and 8*s.* a week.

I am, Sir, your obedient servant,

Sept. 25th, 1869. NEMO.

SURGEONS AND INSTRUMENT-MAKERS.

To the Editor of THE LANCET.

SIR,—Although I have no greater wish to enter upon a controversy with Mr. Gumpel than he with me, though perhaps from different motives, I must ask you to allow me space for a few lines, simply to put myself right with the readers of THE LANCET.

In the first place I find that the "friend" who called upon Mr. Gumpel to expostulate was Dr. Fox, who did so entirely *proprio motu*, without consulting me, but simply from what our patient told him. With regard to the account of the conversation between Mr. Gumpel and myself, I must entirely deny the colouring which he has affixed to it. My opening statement was merely—"I have called to complain of your having told Mr. A. &c." Upon this the denial which Mr. Gumpel admits, but which he himself proves to be fallacious, followed. My answer was: "But Mr. A. says you did." To which Mr. Gumpel replied: "Bring him here, and let him say so." Mr. Gumpel made no offer whatever to explain the circumstances; but, as I have already stated, having repeatedly denied that he ever made a statement, which he has since admitted, showed me the door in what I consider a most uncourteous manner. It is perfectly true that I have sent my patient to another maker; but it is not true that I have taken the trouble to call upon any patron of Mr. Gumpel's in connexion with the matter, though I have not hesitated to express my opinion of his conduct to my friends.

In taking leave of this matter I may say that my only motive in taking it up was to check, if possible, a system which is on the increase, and which is detrimental both to patient and surgeon—the usurpation by instrument-makers of a position to which they have no title, and the direct assumption of the charge of surgical cases, which they invariably treat by complicated and expensive apparatus.

I am, Sir, your obedient servant,

Cavendish-place, Sept. 20th, 1869. CHRISTOPHER HEATH.

MR. BLANCHARD JERROLD.

To the Editor of THE LANCET.

SIR,—The advocates of an amended system of poor relief, both medical and general, are much indebted to you for calling public attention to the claims of Mr. Blanchard Jerrold to pecuniary assistance in the arduous and necessarily expensive work in which he is engaged.

The articles which have already appeared in your journal describing so graphically the admirable arrangements

which our French neighbours have established for the due administration of their poor laws will be very useful to all those who may be engaged in striving to solve the problem of the introduction of a better system here; but in order to render his inquiries complete, and of practical utility, it appears to me desirable that this gentleman should investigate the methods adopted in other countries, more especially Protestant communities.

It is evident that much of the facility with which the French system is worked is due to their utilising the services and charities of the various religious bodies which exist there, as well as in all Catholic countries; and the failure here arises, partly, from the fact that our charitable and benevolent associations work ofttimes antagonistically, and I may also say mischievously, to the Poor-law administration. This has been the case with us probably ever since the 43rd of Elizabeth, when, as you are aware, the Poor Act was passed consequent upon the complete break up of religious houses.

Now it would indeed be interesting to learn in what way non-Catholic countries utilise the charities, &c., of the benevolent in aid of their Poor-law administration, and it would be, therefore, most unfortunate if the labours of Mr. Blanchard Jerrold should be brought to a close through insufficiency of means.

I trust that your appeal will be followed by a liberal subscription. Medical men generally can ill afford to give money in aid of any cause, however good; but they have a privilege denied to other persons—they are admitted on terms of intimacy to the houses of the great, the wealthy, and the good, and they might avail themselves of these opportunities to put Mr. Jerrold's labours before them.

I am, Sir, your obedient servant,

Dean-street, Soho, Sept. 30th, 1869. JOS. ROGERS.

THE COUNTY ADMINISTRATION BILL AND THE LUNACY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The necessity which exists for the medical men engaged in the treatment of lunacy to take some action respecting the County Administration Bill, as urged in your leader of July 24th, p. 127, is strongly confirmed by an article in the *Gentleman's Magazine* for July, p. 247. The statement of the writer is the more noteworthy as emanating from what may be considered a rival interest. He says:

"In rural communities, the subject which is most seriously discussed just now, by provincial political economists, is the question of Financial Boards, and this will become a Parliamentary topic of no mean importance. At the present time, quarter sessions, which consist of magistrates who are made, as you know, by lord lieutenants, have the entire government of counties. They spend what money they please; they make what rates they choose. There is no appeal against this local court, which may be tyrannical or liberal, economical or extravagant as it pleaseth. The great middle class of the rural districts, the more thoughtful of the agricultural community, the large ratepayers, are awakening to the injustice of this position; they have communicated their views to Chambers of Agriculture, and these bodies have raised the cry of "Financial Boards," the object of which is the creation of special courts, or committees, consisting of magistrates and representatives of the ratepayers (who are not magistrates), for the administration of the county moneys."

If this be the basis upon which the business of the counties is managed, how precarious and uncertain must be the position of the medical officers engaged in it—a condition which it is proposed to perpetuate under the above Bill. The tenth clause, in this particular, invests the new Committee with all the powers of that body which it is intended to supersede. The medical superintendents of public asylums, deprived by the nature of their appointments of the usual civil and municipal rights attaching to residence, cannot, like their brethren of the Poor-law medical service, make their claims known through their representatives, and unless the Parliamentary committees of the British Medical Association and of the Poor-law officers, or THE LANCET, come to their assistance, it is doubtful whether they will be able to make any impression on the Legislature towards obtaining their just and necessary rights. These members of the profession hold offices of trust, responsibility, and importance to the community at large. They are subject to harassing and continued calls upon their time and attention, and the daily discharge of their duties is not altogether free from difficulty and danger. It is not equitable that such public officers should be liable to dismissal without any right of appeal, explanation, or inquiry, or be placed on a different footing from their brethren in the army, navy, or Poor-law service. This anomaly ought not to be permitted to continue; indeed it seems possible that the Secretary of State may not even be aware of the prospective effect of the tenth clause of his Bill, which consigns the fortune, reputation, and office of the medical officer of a county asylum to the irresponsible authority and power of a private committee of Poor-law guardians and justices delegated by the new Financial Board. An assured tenure of office and a defined position are as necessary for the comfort of the officer as for the interests of the public. The risk of being capriciously disturbed cannot fail to engender in this, as in other walks of life, a certain amount of discouragement and feeling of subserviency; nor could it be otherwise with an officer who has the responsibility of a state official, with the insecurity of a menial servant. As long as this state of things exists it is in the power of a jealous, restless, or mischievous member of a committee, by continually advocating a want of confidence in an officer not sufficiently deferential, to procure his dismissal upon insufficient or unproved grounds of complaint, and without any appeal or remedy. How many times has the dominant position of a member or a public board been abused for want of kindly feeling of association with an officer. It is related by Sir James Clark, in his recent admirable memoir of Dr. Conolly (p. 53), that on his first competition for the appointment at Hanwell, the casting vote of the chairman excluded him on account of his politics. He was known to be connected with the Society for the Diffusion of Useful Knowledge! By this circumstance the inauguration of the system of non-restraint was deferred to the next election.

The powerful efforts of a former editor of THE LANCET obtained for the medical profession the benefit of the Medical Witnesses Act; may yours, Sir, be as successful in obtaining for the lunacy medical staff a recognition of their just requirements.

I am, Sir, your obedient servant,

September, 1869. EQUITAS.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

SENATOR NÉLATON AND THE MICROSCOPISTS.

A FEW days ago the *Figaro*, one of the well-known literary journals of this city, issued a sort of album-number (*numéro-album*), containing short notes from several scientific and literary celebrities, which had been specially contributed to the number. Amongst these are a few lines from M. Nélaton; and as they have been much commented upon, and have already drawn forth a protest from a distinguished Parisian surgeon, I am sure you will take some interest in perusing them. M. Nélaton was desirous, it would seem, to manifest his opinion in favour of the high value of clinical surgery in face of the growing pretensions of microscopical and chemical researches, and thus expressed his thought in the pages of *Le Figaro*:—

"I am happy to see the rising generation refuse to follow those false appearances of exact and profound science borrowed almost exclusively from microscopical research, and attach itself to the study of surgery, based upon the great indications furnished by clinical observation. It is because they drew their inspirations from these principles that the great masters of the beginning of this century, and especially Dupuytren, the most glorious amongst them, have given to the French school that legitimate renown which it still enjoys throughout the whole world."

As might have been expected, these two short passages have created quite a sensation among that portion of sur-

gical workers which they seemingly attacked, and have already met with a sharp retort of protestation from the pen of Professor Verneuil, of the Paris Faculty. The blame thus laid upon microscopical investigators by so high an authority as Nélaton, and published in so widely circulated a journal, has stung M. Verneuil to the quick, and in the name of the injured parties he vindicates the value and importance of the microscope. The article appeared last week in the columns of the *Gazette Hebdomadaire*. After having stated what great results the microscope has afforded in the hands of such men as Robin, Broca, Lebert, Davaine, Virchow, Kölliker, and others, and after having mentioned that it had now become the indispensable complement of anatomical research in the dead-room, throwing a brilliant light on the origin, the evolution, and the transformation of those innumerable lesions which destroy man, M. Verneuil asks M. Nélaton whether he believes that *all* surgical science may be acquired in the ward of an hospital. If not, and if, on the contrary, he (M. Nélaton) admits the assistance of the accessory sciences, if he makes use of chemical agents and of physical instruments, if he practises vivisections, if he utilises statistics, if he consults J. L. Petit, Scarpa, Langen, and Syme, why should he disdain the microscope? "For if it is good to diagnosticate stone by the aid of a sound, polypi with the laryngoscope, an amaurosis with the ophthalmoscope, paralysis by means of an electric machine, diabetes with potash, why reject the lens for recognising leucocythæmia or spermatorrhœa?"

Further on M. Verneuil says that, far from agreeing with M. Nélaton on the present tendencies of the French surgical school, he takes quite a different view of the matter. "In approaching the difficulties of clinical study, the living generation arms itself at the outset with all the resources which are generally lent by the sister sciences; it holds out its hand to the ancients and to the moderns, to the English, the Germans, and the Italians, in order to borrow facts and ideas; it divides its time between the laboratory and the dissecting room, the library and the hospital; in a word, it renounces no source of instruction, being neither so senseless nor so vain as to repudiate whatever may render science more complete, and practice more efficacious."

M. Verneuil has a curious remark with regard to the mention of Dupuytren's name in Nélaton's article:—"If the article is written but with the object of celebrating Dupuytren, it was really not worth the while. Enough has been said, I think, of that ambitious despot, who obtained fame, wealth, and honours, but has not deserved that true glory reserved, thanks be to God, to true *savants*." This opinion, coming from a French surgeon, will surprise not a few of my readers.

Such is a rapid sketch of Professor Verneuil's article, which has been the medical *morceau* of the week. I need not say that it is interspersed with home thrusts at the Senator's address. A somewhat invidious view of Nélaton's contribution to the *Figaro* has been taken by some; and amongst other things it has been said that the mention of Dupuytren's name is a covert comparison conceived in view of the public. But surely the celebrated surgeon—I mean Nélaton—was fully justified in upholding an opinion which is rapidly gaining ground—to wit, that the engrossing study of infinitely small details, though having, of course, its importance, has thrown clinical observation rather into the shade, and that "the great lines of clinical surgery" are not cultivated with that peculiar care which they deserve. For my own part, I believe the above remark is especially applicable to this place. The practical study of surgery is much neglected here. The want of this necessary culture is observed even among the rising surgeons in the Paris hospitals; and I could, if I wished, back up this assertion by the relation of certain facts which have occurred only during the past fortnight.

Paris, Sept. 28th, 1869.

GLASGOW.

(FROM OUR OWN CORRESPONDENT.)

I SHOULD not have considered it necessary to notice the communications which have appeared in your recent numbers condemnatory of antiseptic surgery, had some of these not emanated from correspondents in Glasgow, who, from their local opportunities of information, might naturally be expected to understand the subject, and whose statements may, therefore, carry more weight in some quarters than they are entitled to. I have no intention of following those gentlemen through the unargued assertions contained in their letters, satisfied that they are daily being refuted by observation and experience, in support of which I would refer them to Dr. Keith's rejoinder in your number for last week. I cannot refrain, however, from giving Dr. Black's statement, that the bulk of the profession in Glasgow are looking on antiseptic surgery with feelings of derision, an unqualified contradiction; so far from this being the case, they are hailing it as the result of calm and scientific deduction, and are watching its successful progress with deep interest, surprise, and pleasure. Antiseptic surgery does not consist, as your correspondents seem to think, in dressing a wound with carbolic acid, or any other disinfectant or antiseptic; that is the least of the system. No; let anyone read Mr. Lister's papers with attention, or, better still, see his practice in his wards, and (be the sporule theory right or wrong) he will find the results obtained are consequent on the most careful attention to minute scientific details at every step of an operation, or of dressing a wound—the thorough application of an antiseptic, the exclusion of atmospheric air, the torsion of arteries, the carbolised ligature, and other points requiring an amount of care and time which few surgeons can afford to give to their hospital duties. Hence one reason of the failures in other hands. The fact is, in Mr. Lister's wards union of wounds of all descriptions without suppuration, by first intention in short, is the rule instead of being the exception. I thoroughly recommend Drs. Morton and Black to avail themselves of the few weeks Mr. Lister is still to be in Glasgow, to follow him in his hospital visits, and sure am I they will come out wiser men. Mr. Lister addresses himself to our judgments and candour, not to preconceived notions and prejudices.

The remarks in your last number regarding the injustice which would have been done to Dr. Penney, by appointing a professor of technical chemistry in Anderson's University, are quite in accordance with the professional feeling here. I am glad to inform you that at a meeting of the trustees held last week, all that had been done in the matter was annulled. Whether Mr. Young may renew his munificent offer to Anderson's University in an amended form, found an independent school of chemistry, or withhold the anticipated gift altogether, remains to be seen.

Glasgow, Sept. 27th, 1869.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 23rd:—

Andrews, Arthur, Colney-hatch.
Harris, Andrew, Manchester.
M'Gill, Arthur Fergusson, King's College Hospital.
Palmer, William James, Great Yarmouth.
Sherratt, James Swindells, Granby-street, N.W.
Wilke, Oscar Adolph Gotthilf, Winchester-street, Pimlico.

The following gentlemen also on the same day passed their first professional examination:—

Henry Bennett Bailey, Frederick Howard Clarke, and George Davidson Deeping, Guy's Hospital; Philip Thornton, London Hospital.

At the preliminary examination in Arts, held at the Hall on Sept. 24th and 25th, 114 candidates presented themselves, of whom 41 were rejected, and the following 73 passed and received certificates of proficiency in General Education:—

FIRST CLASS, IN ORDER OF MERIT.—James Hewett Paley, Caleb William Bowles and William Edward Tofts, Jas. E. H. Mackinlay and William Hugh Beresford, Varley Geo. Fay and M. A. Messiter, George Hawson Keyworth, Thomas Buckle.

SECOND CLASS, IN ALPHABETICAL ORDER. — Thomas Gunton Alderton, John Edward Allen, Sidney Allen, Thos. O. F. Alsop, Samuel Andrews, G. P. Arrowsmith, Benjamin R. Baker, George William Baker, Adolphus Bevan, William Boulting, Peter Bradford, Edm. Selwyn Bray, Richard Brayn, John R. Burton, George William Caswell, Henry L. Champneys, Charles B. Dalton, Arthur G. Don, Herbert M. Ellis, Joseph Y. Farfan, Francis M. Fay, George F. Fenton, John F. Fry, Benjamin G. Godfrey,

Frederick C. Gresham, W. T. Hayward, Alfred J. H. Helby, Walter Hutchinson, F. J. Joynes, E. R. Kavanaugh, Robert V. Kelly, Leighton Kesteven, Charles F. H. Kitchen, William Lang, Harry A. de Lautour, Geo. Herbert Lilley, Allan Maclean, E. J. H. Midwinter, John Reynold Ogle, J. H. Oldroyd, Vincent Philps, George Edward Pollard, William John Pook, Alex. T. Scott, W. E. Scott, John William Sellers, Walter S. Simpson, Gilbert T. Smith, Sydney Lloyd Smith, J. B. Steifox, Wm. Stericker, Wm. R. H. Stewart, A. W. Strickland, Eli C. Sutcliffe, Russell M. Talbot, Frederic Treves, Alfred Upton, Albert John Venn, Walter Verdon, Thomas Jenner Verrall, Charles Lewis Webb, George Edward Wherry, John William Whitehead, Thomas Edw. Henry Williams.

AN attendant at the North-Riding Asylum, at Clifton, near York, has been committed to take his trial at the Assizes on a charge of manslaughter, a lunatic having been left by him alone in the bath-room with two other patients, the result of which was that one of them was so severely scalded as to cause death.

THE Society for the Prevention of Cruelty to Animals has obtained convictions, under the Contagious Diseases (Animals) Act, against two men for working a glandered horse, and fines of £10 and £1 were inflicted.

AN army medical officer, named Barber, who had been staying at the Royal Clarence Hotel, Ilfracombe, for the benefit of his health, lately committed suicide by swallowing prussic acid. It is supposed that the unfortunate officer was labouring under great mental depression, owing to his state of health rendering him unfit for service, and necessitating his retirement on half pay.

THE Directors of the Company for providing a new water supply to the city of Canterbury have submitted samples of the water from the well of the works to Mr. Dugald Campbell, F.C.S., for analysis; and the result of that analysis appears to show that Canterbury will shortly be supplied with water of a remarkably good quality, both as regards purity and softness.

THE Lock Hospital at Kildare is completed so far as the building is concerned, and has been handed over to the Royal Engineer Department.

FOOT AND MOUTH DISEASE. — During the past week no less than 20,000 cattle have been reported as infected with the above disease in Great Britain, in consequence of which Her Majesty's Privy Council in Ireland, by a recent order, have prohibited the importation of cattle into Ireland except those coming from Spain and Portugal.

FEVER, which was prevailing at Trinidad, and had affected the troops stationed there, is rapidly declining.

DR. LANKESTER held inquests on Monday last on the bodies of three infants that had been found in various parts of the parish of Islington during the preceding few days. There appears to be, unfortunately, little doubt that child murder is on the increase, if not by direct means, at least by negligence. More stringent measures for the protection of infants are imperatively called for.

ANOTHER unpleasant revelation in relation to the food supply of London has just been made at the last meeting of the Bermondsey vestry. It was stated that a large quantity of the cured fish sold in South London undergoes the process of drying in the watercloset of Lock's-fields and other places.

REMARKABLE INSANITY OF TWO BROTHERS. — A singular case of sudden insanity of two brothers named Martin is reported from Cornwall. It appears that the brothers have for some time past been successfully working a farm, in succession to their father, in the parish of Perranaeworthal, near Truro, and were very much attached to each other. James, who was suffering from overwork, went to Penzance a few days ago, with a view to a trip to the Scilly Islands, for the benefit of his health. The recent severe gale, however, compelled the steamer to put back to Penzance, and the boisterous weather so much alarmed the brother Henry, who was at home, that he proceeded to the Truro railway station to ascertain the fate of the steamer in which James was expected to have sailed. He had scarcely reached the platform when the West Cornwall train arrived, and he saw his brother looking out of the window of one of the carriages—a sight which had such an effect upon his previously excited mind that he almost immediately betrayed strong feelings of insanity. He was at once placed under restraint, and James, in consequence, doubtless, of the sad position of his brother, is now also suffering from the same malady. The unhappy affair has excited much sympathy in the neighbourhood.—*Western Morning News.*

THE "Gazette" of Tuesday last contained the promotions of the following medical officers of the Indian Army:—

Bengal Army.—To be Surgeons-Major: Surgeons Frederick Freeman Allen, Arthur James Payne, M.D. To be Surgeons: Assistant-surgeons John Charles Morice, Thomas Edmonston Charles, M.D., William Roche Rice, M.D., Richard Theophilus Abbott, M.D., Henry Cayley, Alexander Vans Best, M.D., James Champion Penny, Archibald Hamilton Hilson, M.D., William Caldwell Smith, M.D., Charles Edwin Raddock.

Madras Army.—To be Surgeons-Major: Surgeons James Donaldson, M.D., and Charles James Rogers. To be Surgeons: Assistant-surgeons James Ross, Samuel Thomas Heard, M.D., William Arnold Smith, M.D., William Fredk. De Fabeck, George Edward Whitton, M.B., B A., and Thos. Beaumont, M.D.

THE SCIENTIFIC CONGRESS AT INNSPRUCK.—This bids fair to be a successful meeting, great numbers of medical and scientific men having thronged to this capital of Tyrol. The members meet in the national theatre, and the first speech was delivered by the Governor of Innspruck, who welcomed the visitors in the warmest and most eloquent manner. The address was next given by the celebrated Helmholtz, who took a general survey of the cultivation of science in modern times. Sectional and general meetings will follow.

ATTEMPT ON THE LIFE OF A MEDICAL MAN.—Dr. Von Kollreuter was shot at Stuttgard, in the middle of the day, in one of the most frequented streets, by a journeyman shoemaker. The ball, fired from behind the victim, struck the left thigh a little above the knee, and did considerable damage to the bone. The would-be assassin is insane.

IODOFORM.—M. Nieszkowski has made this substance the subject of his thesis before the Faculty of Medicine of Paris. It is to be considered as greatly favouring cicatrization, and is also possessed of some anæsthetic properties. It is useful in soft chancre, more so than in the hard, in mercurial stomatitis, and lessens pain in cancer and epithelioma of the uterus. It may be used in the shape of powder, or mixed with cocoa butter, as an ointment, or mixed with collodion. It is useful to cover the dressings with adhesive plaster in order to free the patient from the disagreeable smell of the iodoform.

THE INTERNATIONAL CONGRESS AT FLORENCE.—The meeting of this congress, which was fixed for the 20th of September, was postponed to the 23rd, in order to give time to the German professional men assembled at Innspruck to repair to Florence. Great preparations were made in that city for the reception of the visitors.

ANIMAL VACCINATION.—This mode of operating has been lately established in Milan by a committee of medical men, who have received the support of the authorities. The committee have published a circular, wherein the advantages of the practice are set forth, and added a scale of charges. Animal vaccination, which is very common in southern Italy, has thus taken a footing in the northern portion of the country.

Medical Appointments.

BAMFORD, Mr. J., has been elected Resident Dispenser to the Brixton, Streatham-hill, and Herne-hill Dispensary.

BATTERSBY, W. E., A.B., M.B., has been appointed Demonstrator of Anatomy at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin, vice F. V. M'Dowell, L.R.C.S.I., appointed Medical Officer to the Ballickmoyler and Newtown Dispensary District of the Carlow Union.

BURGESS, C. E., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Worcester Dispensary, vice C. Gargory, M.R.C.S.E., appointed a Medical Officer to the Tonbridge Union.

CÆSAR, H. A., L.R.C.P.Ed., has been appointed Medical Resident to the Tower Hamlets Dispensary, Commercial-road, vice A. Cæsar, L.F.P. & S. Glas., resigned.

CALVERT, W., M.D., has been appointed Physician to the North-eastern Hospital for Children.

CRIGG, J., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Thoydon Garnon District of the Epping Union.

CREASY, J. G., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Bromley Union, Kent, vice S. P. Englehart, L.R.C.P.Ed., resigned.

DAVIDSON, C., M.R.C.S.E., of Devonshire-place, Wandsworth-road, has been appointed Medical Officer (Wandsworth District) to the London Friendly Institution. Chief Office, Farringdon-street.

DAY, R. N., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Magdalen-Laver, Matching, and Great and Little Parndon, Latton, and Nettswell Districts of the Epping Union.

EVERITT, H., M.R.C.S.E., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., to the Wells-next-the-Sea District of the Walsingham Union; also Surgeon to the Odd Fellows and Working Men's Provident Society, Wells-next-the-Sea, vice P. Vincent, M.R.C.S.E., resigned.

FISHER, H. F., L.R.C.P.Ed., has been appointed a District Medical Officer of the Parish of Liverpool, vice S. H. Games, M.D., deceased.

FOWLER, E. S., M.R.C.S.E., has been elected Consulting Surgeon to the Royal South Hants Infirmary, Southampton, on resigning as Surgeon.

FROST, W., L.R.C.P.L., has been appointed Medical Officer and Public Vaccinator for the Williton District of the Williton Union, Somersetshire, and for the Workhouse, vice C. Williams, M.R.C.S.E., resigned.

HARRISON, J. W., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Ecclesall Bierlow Union, Yorkshire, vice Septimus Arden, M.R.C.S.E., resigned.

HEFFERNAN, F., L.R.C.P.Ed., has been elected Medical Officer for the Whitworth District of the Bishop Auckland Union, vice Donald Clark, L.R.C.P.Ed., deceased.

HORLEY, W. L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Roydon District of the Epping Union.

KING, G., M.B., has been elected Assistant-Surgeon to the Royal South Hants Infirmary, Southampton, vice Shorto, elected Surgeon.

MACLAREN, R., M.D., has been appointed Medical Officer and Public Vaccinator for the Stanwix District of the Carlisle Union, vice D. Anderson, L.R.C.P.Ed., appointed to District No. 3 of the Shepton Mallet Union.

POWER, H., M.B., has been appointed Ophthalmic Surgeon to St. Bartholomew's Hospital, Rochester, vice J. Z. Laurence, M.B., resigned.

SHORTO, J. R., M.R.C.S.E., has been elected Surgeon to the Royal South Hants Infirmary, Southampton, vice Fowler, resigned, and elected Consulting Surgeon.

TURTLE, F., M.D., has been reappointed Medical Officer and Public Vaccinator for the Chingford District of the Epping Union.

WARRENER, R., L.F.P. & S. Glas., has been appointed Medical Officer to the Welwyn Union, Herts, and to the Workhouse.

WILLIAMS, O., L.K.Q.C.P.I., has been appointed Certifying Factory Surgeon for the District of Holyhead, vice J. R. Price, L.R.C.P.Ed., deceased.

Births, Marriages, and Deaths.

BIRTHS.

BONNOR.—On the 23rd ult., at Westport House, Malmesbury, Wilts, the wife of W. J. Bonnor, M.R.C.S., of a son.

BREMNER.—On the 21st ult., at Edinburgh, the wife of Bruce A. Bremner, M.D., of a son.

DIXON.—On the 23rd ult., at Albany Villas, Cliftonville, Brighton, the wife of F. Dixon, M.R.C.S.E., of a son.

JACKSON.—On the 24th ult., the wife of Dr. Jackson, of Wallgate, Wigan, of a daughter.

KEITH.—On the 23rd ult., at Craigveigh, Abryne, Aberdeenshire, the wife of Dr. A. W. Keith, of a son.

ROBERTS.—On the 28th ult., at The Elms, Coningsby, Lincolnshire, the wife of Thos. Andrew Roberts, M.R.C.S.E., L.S.A., of a daughter.

THOMPSON.—On the 22nd ult., at Oakley-square, the wife of Dr. Thompson, of a son.

WATERWORTH.—On the 23rd ult., at Bengal-place, New Kent-road, the wife of Dr. Waterworth, of a daughter.

MARRIAGES.

BURRELL—WISEMAN.—On the 23rd ult., at Holy Trinity Church, Ossett, W. B. Burrell, Esq., Solicitor, of Wakefield, to Elizabeth, eldest daughter of W. W. Wiseman, M.R.C.S.E., of Springstone House, Ossett.

ROBINSON—MASON.—On the 28th ult., at the Parish Church, Startforth, James Robinson, L.R.C.S., L.R.P.Ed., of Ulverstone, to Elizabeth, second daughter of Samuel Mason, Esq., Yeoman, of Jorleth-in-Furness.

ROSS—BOLTON.—On the 28th ult., at the Parish Church, Colne, James Ross, M.D., of Newchurch-in-Rossendale, to Mary Elizabeth, youngest daughter of the late Harry Bolton, Esq., Solicitor, of Colne.

SHEPHEARD—SIMSON.—On the 23rd ult., Philip Candler Shepheard, M.R.C.S., to Ellen Simson, both of Gayton, Norfolk.

DEATHS.

CALVERT.—On the 23rd ult., Edward Statter Calvert, L.S.A.I., of Bramley, Leeds, aged 63.

DICKSON.—On the 15th ult., Edward Thompson Dickson, Surgeon, of Jersey, aged 76.

GEERE.—On the 23rd ult., Richard Geere, M.R.C.S.E., of Edenbridge, Kent, aged 53.

M'GILL.—On the 14th ult., at Poynts Pass, Armagh, Edward M'Gill, M.D., Surgeon 68th Light Infantry, aged 36.

PATMAN.—On the 22nd ult., at Nottingham, Edward Patman, C.M., of Broughshane, Co. Antrim, aged 51.

RANSFORD.—On the 13th ult., lost with the "Carnatic," in the Red Sea, James Inglis Ransford, M.R.C.S.E.

STAMP.—On the 26th ult., Thomas E. Stamp, M.R.C.S.E., of Hartlepool, aged 67.

Medical Diary of the Week.

Monday, Oct. 4.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. W. Martyn, "On a Case of Triplets."—Mr. J. T. Mitchell, "On a Case of Ruptured Uterus."—Dr. V. Saboia, "On the Treatment of Ovarian Disease by the Injection of Iodine."

Thursday, Oct. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. W. H. Day, "On the Hypophosphates of Iron, Quinine, and Strychnia in Nervous Exhaustion."—Dr. Clapton, "On the Effects of Copper upon the System."—And other papers.

Saturday, Oct. 9.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

SURGICAL OPERATIONS IN HOSPITALS.

WE should feel obliged if the registrar or any member of the surgical staff of the larger metropolitan and provincial infirmaries respectively would be kind enough to forward us a return, showing the maximum number of amputations or severe operations performed during the year, and the average number of such cases requiring to be provided for in their hospitals. It is requested that the number of beds and the number of years from which the calculations have been made may be stated.

An Oxfordshire Subscriber.—There is no separate treatise on the subject. One of the following would, however, suit our correspondent's purpose:—Itinéraire Historique et Descriptive de l'Algérie, comprenant le Tell et le Sahara, par L. Piesse, price 10s. (Williams and Norgate.) Francis on Change of Climate, price 8s. 6d.; and Scoresby-Jackson's Medical Climatology, price 12s. (Messrs. Churchill.)

Mr. Gillingham, of Chard, writes to us to deny that his instrument *a* copied from one of Mr. Pratt's, although in some respects it resembles it.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—Dr. Abbotts Smith's explanation of his printed circular, which you inserted in your number of the 18th instant, is so singular that I am induced to state exactly what occurred to myself.

I may remark that I knew nothing of Dr. Smith. I never heard his name mentioned, or knew there was such a person, until I saw it in print. Seeing a pamphlet advertised upon "Stammering," &c., with his name as author, and having a relative affected with that complaint, I felt anxious to see it, thinking I might procure some information likely to benefit him. I, therefore, did as the advertisement bid me—"Send 13 postage-heads to the publisher." I made no remark whatever, but simply requested a copy might be sent to my address. In due course it came. I may say that I did not write to the author; but some days after I was surprised at receiving, per post, a printed slip of paper, worded as appears in THE LANCET, telling me how and when I could consult him. Who sent this? The author or publisher? And why sent at all? I enclose my card, and am,

Your obedient servant,

September 27th, 1869. FACT.

SMALL-POX IN THE VACCINATED AND UNVACCINATED DISTRICTS OF INDIA.

BY a supplement to the *Gazette of India*, dated from Simla, July 10th, 1869, we are enabled to gather some facts connected with the working of the vaccination establishments in Rajpootana during the past year. Surgeon W. J. Moore reports that there were 52,044 vaccinations, 77·47 per cent. of which were successful. The opponents of vaccination in this country will be glad to learn that the vaccine establishment is, however, utterly insufficient. Rajpootana comprises an area of some 123,000 square miles, and the number of vaccinators employed is totally inadequate to produce the slightest appreciable result. The consequence is, we are told, that the country is ravaged by terrible periodical visitations of small-pox. Surgeon Moore details some of the results of his own observations whilst travelling in the district; and he adds, "Small-pox is, indeed, now in India more destructive than cholera or any other malady. What Macaulay wrote of England before the days of Jenner is now applicable to the native states of Hindustan." Dr. Harvey, in his Report on the Vaccination in Bhurtpore, brings forward strong proof of the prophylactic value of vaccination. During the recent epidemic, one vaccinated child only was attacked with small-pox to 27 unprotected, the former having the disease in a mild, modified form. Dr. Harvey also gives an account of "stamping out" the malady at Bhurtpore; mentions a remarkable case where one vaccinated child only escaped variola in a family; and finally expresses his opinion that "vaccination during the epidemic at Bhurtpore has stood the test triumphantly." Accordingly, it does not excite surprise to hear that at Bhurtpore vaccination has been accepted as it never was before. The effect of the present epidemic is thus diametrically opposed to that of the last in 1864–1865.

Dr. Matthews Duncan.—Next week if possible. A proof shall be forwarded.

SURGICAL TREATMENT OF HEPATIC ABSCESS.

To the Editor of THE LANCET.

SIR,—Attention having been lately directed in your journal to the treatment of abscess of the liver, it may not be uninteresting to your readers to be made aware of the bold and successful plan of dealing with this formidable malady which is at present pursued in Alexandria.

Abscess of the liver is common at Alexandria, and occurs principally amongst the poor Greek population which resides in ill-ventilated and badly-drained dwellings, is poorly fed, and given to indulging in a bad kind of ardent spirits.

The plan of treatment now generally pursued is as follows:—At the earliest suspicion of the formation of abscess of the liver, a long exploring trocar is plunged boldly into the centre of the hepatic dulness. It matters not whether this proceeding involve piercing the sac of the pleura, peritoneum, or both sacs. If pus issue, the abscess is partly evacuated, and allowed to discharge itself for some days through the trocar, which may be temporarily stopped by a plug. Adhesive inflammation sets itself up in the serous membrane around the trocar, and thus extravasation is of rare occurrence. When adhesion is thought secure, a drainage-tube replaces the trocar, and a gradual evacuation and contraction of the abscess follows; the process of cure varying from one to three or four months. This treatment, when applied to very large abscesses, which are easily recognisable, is less successful. The great point in the treatment is the *early* detection of abscess, and the consequent prevention of much destruction of hepatic tissue by its progressive enlargement. Occasionally it is found useful to wash out the abscess sac with solutions of carbolic acid or other applications.

In the small Greek hospital at Alexandria, I saw recently five cases undergoing this treatment under the hands of the enthusiastic young surgeon of the institution. They were in various stages of cure, and all were progressing most favourably. The rapid improvement which had followed, in each instance, the evacuation of the abscess was most remarkable. One case, of which the symptoms were obscure, yet marked as those of abscess of the liver by the experienced skill of the attendant, had been thrice subjected to the use of the exploring trocar without the detection of the abscess, yet had not in the smallest degree suffered from the procedure. Cases of multiple abscess have occurred in which two or three collections of matter have been successively reached by the trocar. I was fortunate enough to witness at the same hospital the evacuation of a liver abscess which had burst into the pleura, and filled that sac with characteristic liver pus. The issue of this case was, of course, very doubtful. The measure of success which follows this bold treatment has been, I was told, very considerable, and, indeed, the many cases under treatment spoke for themselves, in the cheerful and hopeful look of the patients, and the rapid improvement which had followed the evacuation of the abscesses.

The credit of introducing this treatment, and of establishing it on a firm basis of success in Alexandria, is due to Dr. Ogilvie, late of Alexandria, and to Dr. Mackie, who at present practises there. They have had unusual opportunities of studying the complaint, owing to its frequent occurrence in that city.

Strangers passing through Alexandria will find themselves well repaid for a visit to the hospitals, by seeing many cases which in Europe are comparatively rare. Your obedient servant,

RICHARD CANNON, L.K.Q.C.P.I., L.R.C.S.I.,
Assistant-Surgeon.

H.M.S. *Newport*, Malta, September 16th, 1869.

A Correspondent.—We hardly think Dr. Parsons is responsible for the paragraph in the *Essex Times*. Good-natured friends insert puffing notices, imagining they may benefit professional men.

Nemo.—The estimated number in the United Kingdom may be taken as about 22,400.

HAIR-DYE.

To the Editor of THE LANCET.

SIR,—I shall feel grateful to any of your chemical readers who will kindly inform a brother medical man of the proper formula for preparing a *brown* hair-dye from nitrate of silver. I have an unwillingness to use lead-washes for fear of possible absorption. Yours truly,

Dublin, September 29th, 1869. M.D.

CONTRIBUTORS TO MEDICAL JOURNALS.

WE desire to say a word or two upon an objectionable practise which appears to prevail at the present time. We refer to the custom which some contributors adopt of forwarding their communications to two or more journals. A little consideration must, we think, show that this is alike unfair to the subscribers and to the Editors of such periodicals. Of course, we do not include books, pamphlets, and printed matter. Were the custom to become general, the different journals might in time consist in great part of similar or even identical descriptions of medical and surgical cases, the record of observations, letters, &c. We have not been led to make these remarks from selfish or captious motives, for the interests of all Editors are in this respect identical. The practice to which we are adverting seems to have become of late more general, and it consequently occasionally happens, as it did last week, that a case of disease and its successful treatment is recorded by the same writer in different journals, published at the same date. It is not our custom to insert in THE LANCET papers or letters which have been forwarded to other journals; and we trust that authors, when they have elected the journal in which they desire their productions to appear, will restrict themselves to that. Under any circumstances, we venture to hope that our correspondents will invariably have the frankness and candour to notify that a copy of their communication has been forwarded elsewhere whenever such has been the case.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—The title of "Dr." seems to stick in the throats of a few M.D.s. Allow me, as a surgeon, to point out one matter of treatment—a very simple remedy. As the desire on the part of said few is not, we will charitably suppose, to appear better than, but only different from, their neighbours, why not add (as I have seen) M.D. after their name on their door-plate and cards —"Simon Shallow, M.D.;" or if that is not enough, and if they are not ashamed to be thought to possess the same qualification as their neighbours, they might put "Dr. Simon Shallow, M.D." If they adopt that plan, all the world will know that they are M.D.s—that is, all who care to know; and I think I can guarantee that no L.R.C.P. will be so far left to himself as to "go and do likewise." Surely that would satisfy the profession and the public, and it would look better than "Physician So-and-so."

Your correspondent in last week's LANCET says he knows of licentiates calling themselves "Doctors of Medicine." Now I venture to doubt whether that is correct. I know of L.R.C.P.s calling themselves "Doctors;" and if your indignant correspondent should ask, Doctors of what? I would answer, Doctors of Physic. In anticipating the question, What is the difference? I reply, the difference between Physician and Doctor of Medicine, or, in other words, between L.R.C.P. and M.D. As to the public not knowing the difference between a physician and a M.D., that is their look out, not a L.R.C.P.'s To speak of the great majority of degrees as "hardly earned," is to speak nonsense—that is, if a comparison is meant between them and the licence of L.R.C.P.,—as anyone who will take the trouble to consult the Students' Number of THE LANCET may find for himself. When all M.D.s have passed through an ordeal equal to the London University examinations, then they may use the words "hardly earned," and not till then can they afford to sneer at their L.R.C.P. brethren.

Sir, I am sure you, with all sensible men, must be heartily tired of such miserable quibbling about titles which is every little while springing up in your columns. Who does not know that in Scotland every practitioner is a "Dr.," in England almost everyone is "Mr.," even though he be a M.D.? What then? Your humble servant,

September 27th, 1869. NOBODY.

To the Editor of THE LANCET.

SIR,—As a L.R.C.P.I., in answer to "A Physician and M.D.," it seems very strange, but at the same time a certain fact, that for the most part it is only the year-of-grace men who cavil at our taking the title of "Doctor" by courtesy. If they prefer our styling ourselves "Physicians," I, for one, am at once willing to commence the innovation, which would be found a still "greater sore," and by that means the public would be better able to judge "what it does and what it does not confer." "Par nobile fratrum."

Yours obediently,

Chelmsford, September 27th, 1869. F. J. K.

Mr. W. A. Stephens.—We possess no positive information on the subject to which our correspondent refers, but think it probable that the alteration in the Medical Act may take place within the time mentioned.

W. W. L., (Uxbridge.)—The address is, Sergeant C. R. Werner, 10, Springfield-street, Liverpool.

Inquirer.—1. Tanner.—2. Grally Hewitt; Tilt.—3. Royle; Garrod.

THE ELECTION OF ASSISTANT-SURGEONS TO THE LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—One of your contemporaries stated last week that the House Committee of the London Hospital made their selection from the five candidates for the vacant assistant-surgeoncies "after consultation with the staff."

As this mode of expression may have misled those who saw the statement into the belief that the claims of the candidates had been referred to the Medical Council of the School, which is composed of *all* the members of the hospital staff, will you kindly allow me, as Dean and the official representative of the Council, to say that no reference has been made to the Council; that owing to the absence from town of myself and others, the Council has had no opportunity of meeting for the discussion of the subject; and that it is in no way responsible for any of the proceedings of the House Committee. The "consultation" spoken of was private, and the liability is limited. Had there been only one vacancy, there would have been no occasion for a discussion, as the members of the staff were decidedly favourable to one of the candidates, and this opinion was well known to the Committee. For the second vacancy, however, opinions were either unformed or divided, and it would have greatly conduced to a satisfactory settlement if the election had not been pressed forward so rapidly at an inconvenient season, and if the "consultation" had embraced all the members of the staff.

I am, Sir, your obedient servant,

September, 1869. WALKER REYNOLDS.

EVANGELICAL DOCTORING.

WE have heard of a clergyman, living in the days probably when vicars "were passing rich on forty pounds a year," who combined the repairing of watches with the cure of souls. He did so in consequence of finding that the latter employment barely sufficed to keep his own body and soul together. His Bishop, recognising the validity of this reason, gave him a living. We have before us a page of advertisements from the September number of the *Evangelical Magazine*, by which it would seem that Mr. Geo. Thos. Congreve is alike able to undertake the treatment of chest complaints of all kinds, or to furnish hymns for the spiritually minded. Mr. G. T. Congreve was superintendent of Sabbath Schools for many years, and he supplies superintendents and others with a specimen copy of his "Gems of Song," that being the title of "the cheapest and best Hymn Book for Sunday Schools," price 3*d*. The book on "Consumption, Asthma, Chronic Bronchitis, Cough, &c.," is, we are told, a new edition, just out (109th), and it can be had from the author for five stamps. If his practice has not been large, it has, nevertheless, been of a peculiarly satisfactory description; for we are informed of his remarkable cures of consumption, one case being reported by request of the patient, where "three eminent men of the allopathic school had reported disease in the lungs of such a character that he could not live many days." Mr. Congreve will pardon us for thinking that, if he took to the repair of watches instead of lungs, his customers would soon discover that their watches would not go spite of his horological tinkering; but in the case of their lungs they sometimes make the discovery when it is too late.

A Tight-lacer, (Somers-town.)—Our correspondent is evidently frightened lest the corset trade should suffer from our article.

THE BRIGHTON HOSPITAL FOR SICK CHILDREN.

To the Editor of THE LANCET.

SIR,—Mr. Athol Johnson having represented in your last number that you had been led into a misapprehension as to the patronage of this institution by a printer's error, I beg leave to enclose you a slip from a Brighton newspaper of this day, containing the report of the institution for the past week, from which you will perceive that only 1 in-patient was admitted during that period, and 17 out-patients; and that the institution which was opened for out-patients in August, 1868, has only had 521 out-patients since that time, or less than 10 a week upon an average of 55 weeks; and the in-patients since February last, when they were first admitted into the institution, only amount to 40 in a period of 35 weeks, or a fraction over 1 a week. I think such evidence amply proves that the institution is not called for by the poorer classes, but is a superfluous charity, and that its establishment, by withdrawing funds from our noble hospital and other excellent medical charities of the town, is calculated to render less efficient these institutions. The following extract is taken from the Rules of the Sussex County Hospital:—

"SECTION I.—This institution shall be styled 'The Sussex County Hospital and General Sea-Bathing Infirmary,' and shall be open for the reception of the sick and lame poor of every county and nation."

You will perceive by the above that there is no reference to the ages of those eligible as in-patients, and I well know that even infants at the breast are admitted, with their mothers to watch over them and soothe them after they have undergone important operations; yet, notwithstanding the facilities of admission for children, and the great skill, kindness, and care which they receive in the institution, there is a considerable number of beds vacant at the present time—and, indeed, I may add at all times—to meet the supposed requirements for which the Hospital for Sick Children has been instituted. The fact is that, as a rule, children are much better attended to at their own homes for all the ordinary ailments to which they are liable, and the hospital is only required in cases of an exceptional character, such as grave injuries arising from external violence, as compound fractures, &c., or diseases involving much operative skill and experience—for example, stone in the bladder, &c. For these the hospital accommodation of the town is more than sufficient to meet all the requirements upon it, not only of Brighton and Hove, but of the whole surrounding country.

I maintain therefore, briefly, that the Brighton Hospital for Sick Children is not required by the classes for whose supposed benefit it has been instituted, and that it has not the support and confidence of the large body of medical men of the place.

Your obedient servant,
September 28th, 1869. M.R.C.S.

M.R.C.S. & L.S.A., (Birmingham.)—We have ascertained that in the opinion of the authorities of the College of Physicians—"It would seem but reasonable that any person legally qualified to practise surgery, should call himself 'Surgeon;' and as the licence of the College of Physicians confers also the right to practise medicine and midwifery, the proper description of one practising the *three* branches would seem to be 'Physician and Surgeon.' The licence is considered by the College and recognised by the Poor-law Board as a double qualification, and confers all the rights and privileges of practice enjoyed by a member of the College of Surgeons."

STATURE AND LONGEVITY.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, I beg to forward to you the result of some observations which I made on the subject of the questions which you have published.

1. The average stature of English men and women. Men, from 5 ft. 5 in. to 5 ft. 7 in.; women, from 4 ft. 10 in. to 5 ft. 2 in.

2. All my measurements were made before 12 o'clock in the day.

3. The Scotch averaged the tallest; the English the shortest; the Irish and Welsh were of a more uniform height, although the Welsh averaged the taller of the two.

4. The Irish lived the longest; next the Welsh; persons whose height ranged between 5 ft. 4 in. and 5 ft. 7 in. lived the longest; and the peasantry lived longer than the well-to-do persons.

These statistics were gathered from about 1000 persons of each country.

Yours obediently,
Mitre-court, Temple, Sept. 27th, 1869. S. CARTWRIGHT REED, M.D.

NOT A BAD IDEA.

A CORRESPONDENT of the *Pall Mall Gazette* suggests galvanism as a punishment for wife-beaters. He says that as permanent injury has been known to result from the use of the "cat," the humanitarians have therefore some show of reason on their side in urging its abolition on that ground. So he considers that a scientific mode of inflicting a punishment which would leave no disabling effects behind would exactly harmonise with the "advanced condition of humanity and enlightenment," so distinctive of our epoch. We quite agree with him that a few applications of this novel method of punishment would have an effect upon garotters and their like infinitely more deterrent than anything yet tried. What does Mr. Bruce think of it?

FEMALE MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Miss Garrett, in her letter published in your impression of Sept. 18th, says: "The action of the Universities of Paris, Zurich, and Edinburgh makes it no longer necessary to discuss whether women are to be allowed to practise medicine. The question is practically settled."

If, Sir, it is inevitable that we are to have young lady medical students, might I suggest to the promoters of the movement the desirability of their establishing a school and hospital for their exclusive use, at which female patients alone will be admitted. Common decency seems utterly to forbid that a young girl, probably in her 'teens, unmarried of course, just fresh from a boarding school, should, in conjunction with male students, be dissecting the human subject, witnessing operations, and attending the out-patients' practice of a general hospital, where, as a rule, nearly three-fifths of the patients are males, two-fifths of whose diseases are of such a character, the proper investigation and personal examination of which is totally unfit to be witnessed, much less practised, by women. What must the moral effect be on the minds of young girls of from sixteen to twenty years of age from such contact, involving as it does a knowledge of vice and its practices, such as a guileless girl should have no shadow of a suspicion of? Miss Garrett invites the attention of medical men who have daughters to the £50 scholarships as an inducement to allow them to study medicine; but I imagine there are few fathers, if they recall to memory their student days, the moral atmosphere of the dissecting-room, and the other surroundings of their student life at hospital, but would shrink from placing a youthful daughter within such influences, preferring, infinitely, that she should retain that guilelessness of soul and ignorance concerning vice which is woman's greatest safeguard, as it is her greatest charm.

I am, Sir, yours, &c.,
September, 1869. OLD MORALITY.

To the Editor of THE LANCET.

SIR,—Your correspondents are so very much of one way of thinking on the subject of medical education for women, that I appeal to your impartiality to be allowed to state very briefly two or three considerations on the other side.

1. If women are so totally unsuited for the medical profession, the evil of admitting them will soon work its own cure. They will not be able to hold their ground against men, and the only sufferers will be those would-be pioneers whom your correspondents will think suitably punished for their folly and perversity.

2. Admitting that nature and society have put serious difficulties in the way of women who try to earn a living by the practice of medicine, is it the part of generosity or of jealousy to increase these difficulties artificially?

3. There are many occasions in life on which, however conscious of the purity of our intentions, we avoid the appearance of acting on interested motives. The opposition of the medical profession to the admission of women, even if dictated by the most excellent motives, may be very plausibly represented as mere jealousy. This view of the matter is gaining ground with laymen, and is not likely to raise the profession in public estimation.

4. If one University is to lead the way, it must be a national institution like Edinburgh. The London schools, which, it is said, have been applied to in vain, are private institutions, competing with one another. Their supply of students depends entirely on the favour of the profession, and in most cases their funds are derived mainly from the students. They have, therefore, a perfect right to choose whether they will or will not fly in the face of professional prejudice. The University of Edinburgh is supported partly by endowments, which are public property, and receives, moreover, money from Government, which is paid out of taxes contributed by men and women alike. It is, therefore, public property; and if women can show that they would benefit by being admitted there, it is very difficult to deny their claim.

5. Precisely the same argument applies to the University of London, and it is well known that many of the non-medical members of the Senate are in favour of the same innovation.

Your obedient servant,
September 25th, 1869. A PHYSICIAN.

H. P. ought to be aware that the writer of a letter to the Editor should enclose his name; but, apart from this objection, his reply to "An Old Bartholomew's Student" is so feeble in argument, and so wanting in logic, that its publication would only damage the cause he wishes to defend.

AN IRISH DEATH-BED.

WE have received a copy of the *Ulster Examiner*, containing a long account of the illness, death, and obsequies of the late (Roman Catholic) Archbishop of Armagh. The account contains nothing of any professional interest, excepting a statement that:—

"A few hours previous to his death, the Primate called in his physician, Surgeon Callan, and in his usual hurried way said, 'Well, Doctor, how do you think I'm doing?' The Doctor hesitated. 'Oh, speak, man; tell me what you think.' 'Well, my Lord,' said the Doctor, 'you're not doing as well as I'd wish.' 'Oh, well, well,' said the Primate, 'no matter. Will I live till morning?' 'No, my Lord,' said the Doctor, who became much affected by the conversation, 'you'll die before twelve o'clock to-night.' 'Oh, very well, very well,' said the Primate; 'good bye, Doctor.' He then sent for his chaplain, by whom the last sacraments of the Church were administered, and the Primate breathed his last at about eleven o'clock."

It is impossible to avoid feeling some envy of Surgeon Callan's gift of prophecy.

A SUGGESTION.

WE venture to suggest to the many painstaking and able medical officers of health throughout the country that the excellent Reports which they issue annually would be greatly enhanced in value were they somewhat more promptly published. We are getting now, in October, Reports on the health of districts for the year ended last December, and we cannot help thinking it would be better if such delay could be avoided. Events move so rapidly now-a-days that the amount of interest felt in any given occurrence may be said to vary inversely with the degree of its remoteness from the time present.

THE communication of *Mr. William Dale* (Plymouth) shall appear in our next impression.

A NEWCASTLE-UPON-TYNE correspondent (whose autograph we are unable to decipher) may obtain information on the subject of his note by addressing Medicus, Post-office, Emsworth, Hants.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Would you kindly favour me with an opinion as to the proper professional etiquette in the following case:—

Mrs. S—— engaged Mr. Brown to attend her in her confinement. Mr. B. went out of town, and while he was away Mrs. S. fell in labour. Her husband went for Mr. B., and his assistant offered to attend in his place. Mr. S. declined his services, and returned home. His wife's sister then sent him for her surgeon, Mr. Jones. As Mr. J. was on the point of going out of town, he recommended him to call on Mr. Robinson, and ask him to attend. Mr. S. did not know Mr. R., and, thinking his wife would not like a stranger, he sought the assistance of a surgeon of whom they knew a little. He was unable to go, and he advised him also to apply to Mr. Robinson. Mr. R. attended the patient. Before the attendance ceased, Mr. Brown returned. Was Mr. R. justified in retaining the patient on Mr. B.'s return, or ought he to have given up the attendance and the whole or part of the fee to the latter?

I am, Sir, yours, &c.,

September 25th, 1869. OBSTETRICUS.

P.S.—Mr. B.'s assistant sent a medical man to the patient's house, and he arrived there first; but he was told that another doctor had been sent for.

*** We are only acquainted with one rule of etiquette that has universal application. It is, to do as we would be done by. It is difficult to believe that Mr. R. would himself have liked to lose a patient under such circumstances; and, if not, he should have transferred the case to Mr. B. on his return. The fee is a comparatively trifling element in the question, and local usage varies as to who should retain it. The point at issue is whether medical men should act with the frankness and courtesy of high-minded gentlemen, or with the petty rivalry of illiterate greengrocers. The one course elevates the profession and the individuals; the other degrades and weakens both. We speak, of course, under the impression that Mr. R. had a choice, and that the patient, who seems to have been a fidgety body, would have consented to the return of her original doctor.

Mr. Bennett, (Totnes.)—We have received our correspondent's communication and the extract from the *Totnes Times*. Mr. Bennett has our entire sympathy in his sorrow; but we do not see that any good would be obtained by the publication of the statement. It has happened—though, happily, very rarely indeed—that a mistake of the kind has been made. The difficulties of arriving at a correct conclusion in the case of tumours affecting that part may be very great, and the symptoms to which tumours give rise may occasionally resemble those produced by pregnancy so closely as to deceive a careful and conscientious practitioner. Deplorable as the consequences of a mistake may be, there can be no reason to suppose that the attendants were guilty of any wilful misrepresentation.

M. Ch.—We do not think the additional qualification would be required; but our correspondent might easily ascertain by inquiry at the Office of one of the Companies.

A CASE OF ABDOMINAL PAIN.

To the Editor of THE LANCET.

SIR,—Any of your readers who can suggest a remedy in the following case will confer a special favour:—

A gentleman, aged thirty-two, constitution weakened by a former deposit of tubercle, now absorbed, has for several years been occasionally seized by a grinding pain in the bowels, beginning in the neighbourhood of the umbilicus, and at first moving about like flatulence. In six to twenty-four hours this pain becomes diffused and intense, extends to the liver and stomach, necessitating blisters there, and rigors and fever follow. (These latter organs have a chronic irritability left from a series of gall-stones passed some years ago.) Tongue moderately clean, and no diarrhœa; abdomen shrunk, and dull on percussion. Such attacks occur when digestion is going on at its best, and without any discoverable exciting cause; although sewer odours, sameness of diet, new wine, and especially limey water are particularly obnoxious. Drinking Paris water first originated the evil.

I have tried, by mouth or rectum, to prevent, arrest, or cure by several preparations of opium, belladonna, cannabis indica, ipecacuanha, assafœtida, valerian, chloric ether, chloroform vapour, bromide of potassium, quinine, berberine, iron, zinc, hydrocyanic acid, bismuth, antacids, pepsine, pancreatine, hot drinks, and hot enemata; by galvanic currents, hot fomentations and cold cloths, hot baths, mustard poultices, croton oil, and small blisters externally; also by subcutaneous injections of morphia, atropine, strychnia, and caffeine; and may shortly say none of them have in any shape been of evident use, except occasionally the counter-irritation. Purgatives increase the pain; but my patient describes them as somewhat changing its character, as if spasmodic spiral contractions going on in several places, and in different directions, were made to move all one way. Besides general prostration, these attacks leave behind persistent irritation of the mucous membrane, and lately they have considerably increased in severity.

I am, Sir, your obedient servant,

September 27th, 1869. RUSTICUS.

A NOTORIOUS BILL-STICKER.

ALBERT BELL, whose name, address, and occupation have for some time past been adorning certain public conveniences in this city and elsewhere, was lately brought before Sir Robert Carden at the Mansion House, and fined 40*s.*, with the alternative of one month's imprisonment. Sir Robert added that it was the most he could do, and that the defendant had disgraced himself and his profession. What profession? Albert Bell is described as a Doctor of Medicine and a Licentiate of the Royal College of Surgeons, practising at 102, Wardour-street. His name does not appear in the Register or the Medical Directory.

Justitia.—We have referred to the question of medical titles more than once lately. We do not consider that the practitioner mentioned is entitled to use the title of "Dr."

THE NATIONAL COTTAGE HOSPITAL FOR CONSUMPTION, VENTNOR.

To the Editor of THE LANCET.

SIR,—Allow me, through the medium of your influential journal, to make known to those interested in patients suffering from consumption, that the National Cottage Hospital will be opened for the reception of men patients on October 28th. Application for admission should be at once made to the London Office, 2, Adelphi-terrace, Strand. I shall have much pleasure in furnishing the applicants with every information, and will gladly assist them in obtaining admission.—Your obedient servant,

September 29th, 1869. NEALE F. HORNE, Secretary.

SOME excellent letters which appeared not long since in the *Glasgow Herald* on "House Overcrowding and Mortality in Glasgow," have now been republished in the form of a pamphlet by their writer, Mr. W. Holms. The descriptions of the condition in which so many of the Glasgow people live make it not at all difficult to understand why the death-rate is so high.

Dr. Luke Fisher.—Next week.

Micromegas will obtain all the information on the subject in the Students' Number of THE LANCET.

TREATMENT OF ACUTE GOUT.

To the Editor of THE LANCET.

SIR,—Will you allow me to state that for an outward application in the treatment of gout, I find nothing so speedily efficacious as a lotion of two ounces of tincture of arnica and six ounces of water, applied to the inflamed joint on lint, and enveloped in flannel. Yours truly,

Beckley, Sussex, Sept. 26th, 1869. E. F. SANKEY.

ERRATUM.—Near the conclusion of Dr. Walter Fergus's letter on "Poisoning by Strychnine," published in our last number, p. 400, for "mineral," read *similar*.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. G. Johnson; Sir J. Y. Simpson, Edinburgh; Dr. Fagge; Mr. Marshall; Mr. Sedgwick; Dr. Murray; Mr. Raven; Mr. Thornley; Mr. Sime; Mr. Rorke, Brecon; Mr. Williams; Mr. Bonnor, Malmesbury; Dr. Ward; Mr. Young, Ulverstone; Mr. Boardman; Dr. Vaughan, Keynsham; Mr. Barnett, Leominster; Mr. Shillitoe, Yarmouth; Mr. Dickie; Dr. Wright; Mr. Dale; Mr. Owen, Newcastle; Mr. Denman, Crickhowell; Mr. Chaloner; Dr. Remy, Ostend; Mr. Edwards, Belfast; Mr. Atkinson; Mr. Ranford, Norwich; Mr. Boyd; Dr. Keith, Craigveigh; Mr. Wood, Birmingham; Mr. Austen; Mr. Spent; Mr. Hall; Dr. Stone; Mr. Monckton; Mr. Kendall; Mr. Bradley, Oldham; Dr. Davidson, Liverpool; Mr. Chambers; Dr. Leadam; Dr. Lightfoot, Wincanton; Dr. Marsh, Littlemore; Mr. Davis; Dr. Tidy; Mr. Bennett, Totnes; Mr. A. Jackson, Sheffield; Mr. Banks; Dr. Duncan; Mr. Gibson; Mr. Moxon; Mr. Cann; Dr. Fisher; Mr. Codrington, Cork; Mr. Morgan, Bristol; Mr. Fox; Mr. Rivington; Dr. Tannahill, Glasgow; Mr. Dearden, Church; Mr. Shepheard, Gayton; Mr. Jackman; Mr. Harris; Mr. Miles; Rev. J. Brockbank, Startforth; Dr. Aspray; Mr. Lang; Mr. Herrington, Chertsey; Dr. Sankey, Beckley; Mr. Stephens; Dr. Cheadle; Dr. Reed; Dr. Bell, Glasgow; Mr. Cunningham, Castle Wellan; Mr. W. Warburton, Oswestry; Dr. Thompson; Dr. Sinclair, Boston, U.S.; Mr. Hale, Reigate; Mr. Miller; Mr. Hopkins, Burton; Mr. Madge; Mr. Roberts, Comingsby; Dr. Wallace, Cardiff; Mr. Atchison; Mr. Walton, Croydon; Mr. Comfield; Mr. Barber, Manchester; Dr. Coates; Rev. J. Winchester, Edinburgh; Dr. Barton, Buabon; Mr. Gaines; Mr. Everett; Dr. Jackson, Wallgate; Mr. Remington; Mr. Burleigh; Mr. Anderson, Alford; Dr. Ross, Colne; Dr. Laird; Mr. Horne; Mr. Moore; Old Morality; G. R.; Micronegas; M.R.C.S.; A New Year's Subscriber; The Principal of King's College; A Physician; M. A. B.; An Old Lock Pupil; Rus; Justitia; H. M. F.; Nemo; Fast; M.D.; Paterfamilias; Obstetricus; Rusticus; Vigilans; A Physician, but not a M.D.; Medicus, Edinburgh; U. S. T.; &c. &c.

Ulster Examiner, Lincolnshire Chronicle, Scarborough Gazette, Cape Argus, Lincoln Standard, Jersey Independent, Brighton Observer, Totnes Times, South Durham Mercury, Toronto Evening Leader, United Service Gazette, Birmingham Daily Post, Irish Times, Bridgwater Mercury, Hull Packet, Toronto Daily Globe, Brighton Guardian, Birmingham Daily Gazette, Brighton Gazette, New York Quarterly Journal of Psychological Medicine, and *Kidderminster Times* have been received.

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For 7 lines and under.....£0 4 6 | For half a page £2 12 0
For every additional line ..... 0 0 6 | For a page 5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

FRENCH WINES.—The great increase in the consumption of Clarets has led to the introduction here of Wines, many of which, sold under high-sounding names, are sound and pure, whilst others are vastly inferior. As Wines can only be judged by actual comparison, E. GALLAIS & CO. (WINE GROWERS) recommend a trial of their "VIN DE MEDOC," at 12s. per dozen (bottles included), which they are daily supplying to the Medical Profession and the London Clubs, Regimental and Naval Messes, &c. A single Sample Bottle may be had.

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Buy your Wines of the Wine Merchant,

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Clarets, bottled at Bordeaux, in 1 doz. cases	12s.	16s.	18s.	per doz.
Sherries, pale or gold (good wines)	20s.	24s.	28s.	,,
Fine Old Ports	30s.	36s.	42s.	,,
Champagne (all known shippers)	25s.	to	60s.	,,

Sample bottles may be had.

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"Crown" Red Catalan	20s. p. doz.	Bottles included.
"Crown" White ,,	20s. ,,	
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"Diamond" White ,,	17s. ,,	

The RED WINE.—Full bodied, delicious, fruity, port flavour. The WHITE—Exquisitely delicate, rich and nutty, equal to Madeira. These Wines are recommended by Medical Men as the most strengthening ever known.

C. KINLOCH and CO., 14, Barge-yard Chambers, Bucklersbury, London, E.C.

Saumur Champagne, 24s., 27s., 30s. per dozen.

OLD MARSALA WINE

Guaranteed the finest imported; free from acidity or heat, and much superior to low-priced Sherry. One Guinea per dozen. Bronte Madeira, a full, soft, golden Wine, 30s. per dozen. Mazzara, a stout, brown Wine, with Sherry character, 28s. per dozen. 3 dozen and upwards carriage free by rail to all England and Wales. For highly favourable opinion of W. D. WATSON'S Old Marsala Wine, see *British Medical Journal*, Dec. 28th, 1868; *Medical Times and Gazette*, No. 770, April 1st, 1865, p. 345; or Dr. Druitt's "Report on cheap Wines," p. 174.

W. D. WATSON, Wine Merchant, 72 and 73, Great Russell-street, corner of Bloomsbury-square, London, W.C. Established 1841. Terms cash.

Old-fashioned Dry Port and Rare Old

WINES for CONNOISSEURS.—Messrs. HEDGES and BUTLER invite attention to their extensive STOCK of choice old PORT, selected and bottled with the utmost care, and now in the highest state of perfection, embracing the famed vintages of 1820, 1834, 1840, 1847, 1858, 1861, and 1863, ranging in prices from 42s. to 144s. per dozen. White Port (very rare), 72s.; pale and brown Sherry, upwards of fifty years old, 120s.; choice old East India Sherry, 84s.; remarkably fine East India Madeira, very old in bottle, 96s.; Chateau Lafitte, 84s., 96s.; Chateau Margaux, 60s., 72s.; Steinberger Cabinet, 1834 vintage, 120s.; Imperial Tokay, fine old Sack, Malmsey, Frontignac, Constantia, Vermuth, &c.

WINES FOR ORDINARY USE.

Sherry, 24s., 30s., 36s., 42s. per dozen; Port, 24s., 30s., 36s., 42s.; Claret, 18s., 20s., 24s., 30s., 36s., 42s.; Champagne, 36s., 42s., 48s., 60s.; Hock and Moselle, 24s., 30s., 36s., 48s.; fine old pale Cognac Brandy, 48s., 60s., 72s., 84s.

Full lists of prices on application.

On receipt of a Post-office order, or reference, any quantity will be forwarded immediately by

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Originally Established A.D. 1667.)

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Paris Exhibition, 1867, Two Gold Medals; Havre Exhibition, 1868, The Gold Medal.—Only sort warranted perfect and genuine by Baron LIEBIG, the Inventor.—"A success and a boon." MEDICAL PRESS AND CIRCULAR.—One pint of delicious beef-tea for 2½d., which costs 1s. if made from fresh meat. Cheapest and finest flavoured "stock" for soups, &c.

CAUTION.—Require Baron LIEBIG'S signature upon every jar. Sold by all Italian Warehousemen, Grocers, Chemists, and Ship's Store Dealers; all Wholesale Houses; and of LIEBIG'S EXTRACT OF MEAT COMPANY (Limited), 43, Mark-lane, E.C.

NOTICE.—Various chemical analyses have been published, purporting to show a fraction more of moisture to exist in the Company's Extract than in some imitation sorts. It is extremely easy to evaporate the water almost to any extent, but it is quite as certain that the fine meaty flavour which distinguishes the Company's Extract from all others would be destroyed if the concentration of the Extract were carried beyond a certain degree. Beef-tea made from Liebig Company's Extract, with *boiling hot water*, will be found to be greatly superior in flavour, strength, and clearness to any other sort. This explains the universal preference it obtains in the market.

This Extract is supplied to the British, French, Prussian, Russian, and other Governments.

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Mr. MAX GREGER (from HUNGARY),

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THE DEPOT FOR GENUINE HUNGARIAN WINES,

Begs to inform the Public that he has appropriated a convenient room above his vaults at 7, MINCING LANE, E.C., & 2, OLD BOND STREET, W., London, where every description of Hungarian Wines can be tasted free of any expense.

Ready for supply: Sample Dozen Cases, each containing two bottles of six different kinds of such Wines which are highly recommended by the Medical Faculty. Prices at 30s., 36s., and 44s. per case. Carriage free. Cash on delivery.

Country orders to be accompanied by P.O.O., or cheques crossed the Bank of England.

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S. ALLSOPP and SONS beg to inform the Medical Profession that their Ale, so strongly recommended by the Faculty, may be procured, in casks of 18 gallons and upwards, at 61, King William-street, London, and at the Brewery, Burton-on-Trent; and in bottles or casks from any respectable Wine and Beer Merchant Allsopp's Pale Ale being specially asked for.

Kinahan's LL Whisky.

DUBLIN EXHIBITION, 1865.

This celebrated old IRISH WHISKY gained the Dublin Prize Medal. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d., at the retail houses in London; by the agents in the principal towns in England; or wholesale, at 8, Great Windmill-street, London, W. Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Scarlett and Lynn's Concentrated Beef-Tea,

strongly recommended by the Faculty.

In Jars, 1s. each, sufficient to make a pint.

Also their INVALID SOUP, 1s. 6d. per pint.

Sold Wholesale and Retail at their Mock Turtle Soup Manufactory, 26, King William-street, London-bridge.

AMSTERDAM EXHIBITION, 1869.

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Liebig's Extract of

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The "LANCET," January 9th, 1869, proves this Extract to be the best in the market.

Of all Chemists and Italian Warehousemen. Wholesale of Allen and Hanburys, John Bell and Co., Crosse and Blackwell, E. Lazenby and Sons, John Burgess and Son, and the principal Wholesale houses. Dublin: Bewley, Hamilton and Co.

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Extractum Carnis (Liebig's process),

prepared by JOHN GILLON and Co., Preserved Provision Manufacturers, Leith.

This Extract of Meat, from the fact of it being carefully prepared from the best Ox Beef in a temperate climate, without liability to incipient putrefaction, will be found to be more palatable and agreeable to invalids than extract made in a warm climate. Gillon's Extract is free from the disagreeable bitter of other preparations, and it does not cause nausea.

Dr. Dalzell, Demonstrator of Practical Chemistry in the University of Edinburgh, reports, after careful analysis, that "GILLON'S EXTRACT OF MEAT" is identical in composition with that of the Liebig Co. and equally nutritive, and that only in the particular smell of their volatile aromas do these extracts differ, and that to his taste the smell of Gillon's Extract is more pleasing and more delicate than that prepared under the direction of the illustrious Professor.

Retail prices: 1 oz. 1s. 6d., 2 oz. 2s. 6d., 4 oz. 4s. 6d., 8 oz. 8s. 9d., 16 oz. 17s.

Weight guaranteed.